

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)	CONTRACT MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) PROGRAM MANAGER	
CONTRACT EVALUATION DATES to	NEXT REVIEW DATE (FILLED OUT BY QA PROGRAM 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	RESIDENTIAL QA PROGRAM MANAGER'S NAME	CHILDREN'S RESIDENTIAL AND RESPITE PROGRAM MANAGER'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 provision hire meets the conditions described under: WAC 388-825-675 to 690 .		<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"/>
c. CPR and First Aid training completed within first 60 days of hire and kept current at least annually; and WAC 388-829-0040		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
7. The provider:	YES NO P N/A
a. Has trained employees on its policies and procedures;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Maintains current written policies and procedures; and	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Makes them available upon request to all employees, clients, primary caregivers, client legal representatives, and DDA. WAC 388-829R-070	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
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	YES NO P N/A
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
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	YES NO P N/A
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
10. Provider is compliant with Vaccine Mandate per Washington State Proclamation. Proclamation 21-14	YES NO P N/A
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

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		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES					
2. Provider maintains the following when participating in nurse delegation: <ul style="list-style-type: none"> a. Written instructions for performing the delegated task from the delegating RN; b. Documentation of validation of nursing assistant registrations or certifications; c. A consent is in place, signed by the client, or legal representatives; and d. Verification of nurse delegation training for staff. WAC 388-829R-135 EVALUATOR COMMENTS		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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES					
3. The provider: <ul style="list-style-type: none"> a. Serves no more than one unrelated client at a time in each respite residence; and b. Provides services in a residence maintained and furnished by the provider. WAC 388-829R-140 EVALUATOR COMMENTS		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"/>
CORRECTIVE ACTION PLAN / TIMELINES					

Section C. Records and Reports					
Standards		Program Compliance			
		YES	NO	P	N/A
1. The provider: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> (i) Outlines supports and services that may be provided during the respite stay; and (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. (iii) Is sent to DDA before the start date for respite services. WAC 388-829R-020, WAC 388-829R-075 b. Provides supports and services as outlined in the overnight planned respite services agreement; WAC 388-829R-020 c. Provides adequate staff to administer the program and meet the needs of clients; and WAC 388-829R-020 d. Ensures clients have access to employees or the means to contact employees at all times. WAC 388-829R-020 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. All record entries: <ul style="list-style-type: none"> a. Are made at the time of or immediately following the event; WAC 388-829R-150 b. Maintain both the original and corrected entries when an error in the record is made; WAC 388-829R-150 c. Legible, in ink, signed and dated; and WAC 388-829R-150 d. Electronic entries identify the date entry was made and the person making the entry by a unique user ID. WAC 388-829R-150 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
3. The provider maintains the following records for each client and has available for an evaluation: WAC 388-829R-170 <ul style="list-style-type: none"> a. Client's name and address; b. Name, address, and telephone number of the client's primary caregiver and legal representative if they have one; c. A copy of the most recent Person Centered Service Plan; d. A copy of the overnight planned respite services individualized agreement; e. Direct support professional time sheets specific to locations worked; f. Payment records; 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					

<ul style="list-style-type: none"> g. Direct support professional training records; h. Progress notes; i. Incident reports; j. A list of personal property upon arrival and departure; 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 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"/> <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"/> <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. Each use of emergency restrictive procedures documented by an incident report and submitted to DDA, the client's primary caregiver, and legal representative.</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>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</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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Three nutritious meals and two snacks per day; WAC 388-829R-080		<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 hour 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		<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 their own bedroom with a window suitable for egress.			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 client has sufficient space for personal belongings.			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
3. The client's bedroom provides adequate privacy.			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
4. The provider is knowledgeable about the client's preferences regarding the care provided.			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
5. The provider enables with client to keep in touch with their family as preferred by the client.			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
6. The client's individual privacy provided and respected.			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
7. The provider shows respect for the client.			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
8. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						

9. The variety, type, and amount of food is sufficient for the client and to their liking. EVALUATOR COMMENTS	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
CORRECTIVE ACTION PLAN / TIMELINES									
10. There is a posting listed the APS number to report suspected abuse / neglect / exploitation. EVALUATOR COMMENTS	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
CORRECTIVE ACTION PLAN / TIMELINES									
11. The provider participates in dissemination of client feedback survey at the end of each client's respite stay. Overnight Planned Respite Services Contract DDA Policy 4.15 EVALUATOR COMMENTS	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
CORRECTIVE ACTION PLAN / TIMELINES									
12. Feedback from client feedback surveys is generally positive. EVALUATOR COMMENTS	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
CORRECTIVE ACTION PLAN / TIMELINES									