

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Children's State Operated Living Alternatives (SOLA)
Certification Evaluation

PROVIDER'S NAME	
MAILING ADDRESS	
PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER (INCLUDE AREA CODE)
EVALUATION LENGTH RECOMMENDATION BY OUT-OF-HOME SERVICES RESOURCE MANAGER (24 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER
CERTIFICATION EVALUATION PERIOD	NEXT REVIEW DATE (FILLED OUT BY QA UNIT MANAGER)
EVALUATOR VISIT DATES	

The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated SOLA program.

EVALUATOR'S SIGNATURE	DATE	PRINTED NAME
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Participants

SOLA PROGRAM ADMINISTRATOR'S NAME	OUT-OF-HOME SERVICES RESOURCE MANAGER'S NAME	OUT-OF-HOME SERVICES COORDINATOR'S NAME
CHILDREN'S RESIDENTIAL SERVICES PROGRAM MANAGER'S NAME	RESIDENTIAL QUALITY ASSURANCE PROGRAM MANAGER'S NAME	OTHER'S NAME AND ROLE
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PROVIDER'S NAME	DATE																										
Section A. Provider Qualifications and Responsibilities																											
Standards			Program Compliance																								
<p>1. Background checks:</p> <p>a. All provider employees, administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;</p> <p>b. As of January 1, 2016, all new hires have fingerprint-based background checks;</p> <p>c. A character, competence and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative actions;</p> <p>d. Are renewed at least every three years; and</p> <p>e. A person who has resided fewer than three continuous years in Washington State must have fingerprint-based background checks (including a person who resides out of state and works in Washington State).</p> <p style="text-align: center;">DDA Policy 5.01, Background Checks</p> <p>Evaluator Comments:</p> <p style="background-color: yellow; height: 20px;"></p> <p>Corrective Actions:</p> <p style="background-color: yellow; height: 20px;"></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> <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"/>	<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"/>
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<p>2. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:</p> <p>a. 75 hours certificate or exempt from this requirements; WAC 388-829-0030 through WAC 388-829-0045</p> <p>b. 12 hours of Continuing Education per year; WAC 388-829-0085</p> <p>c. CPR and First Aid training completed within first 60 days of hire and kept current; and WAC 388-829-0040</p> <p>d. Blood-borne pathogens training within first 60 days of hire and kept current at least annually; and</p> <p>e. Food Handlers permit within 14 calendar days from the beginning of employment and kept current. WAC 388-829-0050 / WAC 296-823-12005 / WAC 388-826-0074</p> <p>Evaluator Comments:</p> <p style="background-color: yellow; height: 20px;"></p> <p>Corrective Actions:</p> <p style="background-color: yellow; height: 20px;"></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> <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"/>	<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"/>
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<p>3. Provider maintains the following when participating in nurse delegation for clients receiving out-of-home services who require assistance with medication administration):</p> <p>a. Written instructions for performing the delegated task from the delegating RN;</p> <p>b. Documentation of nurse delegation 90-day visits including validation of nursing assistant registrations or certifications;</p> <p>c. A consent is in place, signed by the client or legal representatives; and</p> <p>d. Verification of nurse delegation training for staff.</p> <p style="text-align: center;">WAC 388-826-0071</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> <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"/>	<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"/>				
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Evaluator Comments: 	
Corrective Actions: 	
4. The provider has a signed copy of Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, form DSHS 10-403, on reporting requirements on file (required annually). DDA Policy 6.12	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments: 	
Corrective Actions: 	
5. Staff providing transportation have: a. A valid driver's license; and b. A signed Employee Driver's Statement of Understanding, DSHS 03-247, included in their personnel file with their DSHS 03-380, Employee Annual Review Checklist. DDA Policy 6.05	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"/>
Evaluator Comments: 	
Corrective Actions 	
6. The Provider maintains a client rights policy. RCW 71A.26	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments: 	
Corrective Actions 	
7. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department. RCW 71A.26	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments: 	
Corrective Actions: 	
8. 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: 	
Evaluator Comments: 	

Section B. Physical and Safety Requirements					
Standards		Program Compliance			
		YES	NO	P	N/A
1. The condition of the home is: <ul style="list-style-type: none"> a. The exterior is in acceptable condition and free from hazards; b. The yard and lawn are maintained; and c. The interior is clean and in sanitary condition. Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
2. The provider ensures physical and safety requirements are met: <ul style="list-style-type: none"> a. A furnished home environment including a private, furnished bedroom for each client; b. Exit doors are easily accessible; SOP (Emergency Operations / National Disasters) c. Windows are operational; d. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients' need; e. Flammable and combustible materials are stored safely; f. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home; SOP (Emergency Operations / National Disasters) g. Smoke detectors meet needs of clients' specialized needs, including any vision or hearing loss; h. There is a fire extinguisher on each level of the home that is serviced and accessible; SOP (Emergency Operations / National Disasters) i. A stocked first aid kit is available; SOP (Emergency Operations / National Disasters) j. A stocked disaster kit is available for all clients and staff in the home; k. Clients have access to a working telephone; SOP (Emergency Operations / National Disasters) l. The client has access to a working flashlight or alternative light source; and SOP (Emergency Operations / National Disasters) m. Backup power source is in place for client's who receive life-sustaining treatments (i.e. ventilator). Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
3. The provider regulates the water temperature at the residence: <ul style="list-style-type: none"> a. The water temperature must be no higher than 120 degrees Fahrenheit; b. The provider checks the water temperature when the client moves into the household and at least once every month thereafter; and c. The provider documents compliance with this requirement. Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective Actions:				
4. The state vehicles are furnished with:	YES	NO	P	N/A
a. An emergency road kit that includes:				
i. Flares / triangular reflector;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. First aid kit;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Fire extinguisher.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Blanket; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Flashlight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDA Policy 6.05				
b. Car or booster seats in accordance with Washington Child Passenger Restraint law if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RCW 46.61.687				
Evaluator Comments:				
Corrective Actions:				
5. The provider completes emergency drills at least once every three months and keeps documentation of the drills.	YES	NO	P	N/A
SOP (Emergency Operations / National Disasters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP (On-Call Supervisory Cell Phone Use)				
Evaluator Comments:				
Corrective Actions:				
6. Provider staff are aware of emergency contact protocol including contacting management, 911, parents, etc.	YES	NO	P	N/A
SOP (Emergency Operations/National Disasters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP (On-Call Supervisory Cell Phone Use)				
Evaluator Comments:				
Corrective Actions:				

Section C. Client Services					
Standards		Program Compliance			
		YES	NO	P	N/A
1. Provider maintains documentation of community inclusion activities of client's choice Evaluator Comments: Corrective Actions: 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider supports clients enrolled in school by: <ul style="list-style-type: none"> a. Supporting the client in regular school attendance, including following the school's reporting requirements when the client is absent or has an appointment during the school day; b. Attending all school-related meetings; and c. With the parent or legal guardian's consent, maintain regular communication with school representatives. WAC 388-826-0071 Evaluator Comments: Corrective Actions: 		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
3. The provider has sufficient staff available to meet client's assessed needs according to the Children's SOLA Rate Assessment. Evaluator Comments: Corrective Actions: 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider ensures that transportation needs are met. Evaluator Comments: Corrective Actions: 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provider ensures client funds (cash, including gift cards) are managed for clients in accordance with their Individual Financial Plan, if one is in place. Evaluator Comments: Corrective Actions: 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provider ensures community inclusion funds are tracked, including: <ul style="list-style-type: none"> a. Date of each activity; b. Cost of each activity; and c. A running balance. 		<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 Actions:

7. Provider assists with medical needs:

- a. Provider assists clients to obtain annual dental and physical exams and documents the dates and outcomes of those visits;
- b. Provider assists clients with any follow-up medical and dental services, follow-up appointments, including emergency needs, without delay, and documents the dates and outcomes of those visits;
SOP (Health and Safety of Program Participant)
- c. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and
SOP (Responding to Client Emergencies)
- d. Seeks same-day medical evaluation for changes from baseline health presentation.
SOP (Health and Safety of Program Participant)

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"/>

Evaluator Comments:

Corrective Actions:

8. Provider assists with medication needs of clients:

- a. Medications are stored in an area not readily available to others;
- b. Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given);
- c. Available MARS match client medications;
- d. Medication refusals are documented on MAR and addressed in a behavior plan if appropriate.

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"/>

Evaluator Comments:

Corrective Actions:

9. Staff can identify the client's challenging behaviors and intervention strategies based upon the behavior support plan and the Person Centered Service Plan.

YES NO P N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments:

Corrective Actions:

10. Provider participates in DDA-facilitated comprehensive 90-day health and safety reviews.

[90-Day Visit Form](#)

YES NO P N/A

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments:

Corrective Actions:				
11. The provider notifies DDA when a client over the age of 18 chooses not to pursue a high school or equivalence course of study or vocational program.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				
12. The provider develops and implements an Individual Financial Plan when the child and family engagement plan indicate support is needed for the client to acquire money management skills.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				
13. The Individual Financial Plan:				
a. Is signed by the client's parent or legal guardian;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Includes client funds and income managed by the provider;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Includes funds and income managed by the client;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Includes funds and income managed by the representative payee;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Includes the types of accounts containing client funds;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Includes money management instruction or support provided to the client; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is reviewed with the client's parent or legal guardian at least every twelve months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				

Section D. Incident and Mandatory Reporting					
Standards		Program Compliance			
<p>1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to the Division of Children, Youth, and Families when the client is under 18, and to DSHS' Adult Protective Services for clients age 18 to 21.</p> <p style="text-align: center;">DDA Policy 6.12 Incident Reporting</p> <p>Evaluator Comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
<p>2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 and RCW 26.44.</p> <p style="text-align: center;">SOP (Incident Reporting for Children's SOLA Program)</p> <p>Evaluator Comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
<p>3. The provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDA.</p> <p style="text-align: center;">DDA Policy 6.12, Incident Reporting</p> <p>Evaluator Comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					

Section E. Records and Reports					
Standards		Program Compliance			
		YES	NO	P	N/A
1. An Individual Instructions and Support Plan (IISP) is in place, which: <ul style="list-style-type: none"> a. Is developed within 30 days after the client begins receiving out-of-home services; b. Describes habilitation goals that the provider and client will work on together while the provider supports the client; c. Lists the instruction and support activities the provider will provide to the client and explain how those activities meet the assessed needs identified in the client's person-centered service plan; d. Describes other relevant support and service information; and e. Describes habilitation goals that the provider and client will work on together while the provider supports the clients; and f. Is revised as goals are achieved or as the client's assessed needs change, at least semiannually, and if requested by the client or the client's parent or legal guardian. DDA Policy 5.08, WAC 388-826-0044 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					
2. Provider participates in the development and implements a child and family engagement plan before the start of services and at each annual assessment, which: <ul style="list-style-type: none"> a. Outlines the parent or legal guardian's role while their child is receiving out-of-home services, including: <ul style="list-style-type: none"> 1) A visitation schedule for both the licensed or certified setting and family home; and 2) Participation in attending medical and dental appointments, school meetings, and community inclusion activities. b. Outlines the provider's role, including: <ul style="list-style-type: none"> 1) Supporting the client, parent, or legal guardian's cultural or religious practices; 2) Developing and implementing an individual financial plan; and 3) Celebrating holidays and special occasions. c. Is developed before the start date of the client's out-of-home services. d. Is reviewed during the annual assessment or more frequently upon request; and e. Is updates when the client turns age 18 to reflect the client's individualized transition goals, and legal guardianship if applicable. WAC 833-826-0041 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					
3. The provider maintains in the client record: <ul style="list-style-type: none"> a. Individual Education Plan; b. Child and Family Engagement Plan; c. Person Centered Service Plan; and d. Out-of-home Services Acknowledgement. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: 	
Corrective Actions: 	
4. Provider submits quarterly reports to DDA. Residential Quarterly Report for Children's Residential Services (DSHS 15-564)	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments: 	
Corrective Actions: 	
4. Provider maintains documentation for each client:	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
a. Current property records for client-owned property (which are reviewed at least annually and updated):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. With a value of \$25 or more at move in; and	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii. With a value of \$75 or more acquired after move-in. SOP (SOLA Participant Inventory)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments: 	
Corrective Actions: 	
5. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others. SOP (Confidentiality)	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments: 	
Corrective Actions: 	

Section F. 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 style="text-align: center;">DDA Policy 5.14, 5.19, 5.20</p> <p>Evaluator Comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
<p>2. A Functional Assessment and Positive Behavior Support Plan are in place when:</p> <p>a. Challenging behaviors interfere with a client's ability to have positive life experiences, form and maintain relationships, learn new skills, or limits their ability to attend school and other community activities; and/or</p> <p>b. A client is taking psychotropic medications to reduce challenging behavior or treat symptoms of a mental illness; and/or</p> <p>c. The use of restrictive procedures are planned.</p> <p>d. There is evidence of data collection and monitoring of behavior support goals.</p> <p style="text-align: center;">DDA Policy 5.19, 5.20</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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
<p>3. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDA.</p> <p style="text-align: center;">DDA Policy 5.20</p> <p>Evaluator Comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
<p>4. All staff working with clients have taken physical intervention training prior to working unsupervised.</p> <p style="text-align: center;">DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth</p> <p>Evaluator Comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					

Section G. Quality Review					
Standards		Program Compliance			
1. The clients have adequate privacy in their bedrooms and 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 Actions:					
2. The provider is knowledgeable about the clients' 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 Actions:					
3. The clients' individual privacy is respected.		YES	NO	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
4. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).		YES	NO	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
5. There is adequate security (i.e., locks, 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 Actions:					
6. The variety, type, and amount of food is sufficient for the client and to their liking.		YES	NO	P	N/A
Evaluator Comments:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Actions:					
7. There is a posting for Child Protective Services contact information to report suspected abuse / neglect / exploitation.		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments:

Corrective Actions: