

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Intensive Habilitation Services for Children  
 Certification Evaluation**

PROVIDER'S NAME	
MAILING ADDRESS	
PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER (INCLUDE AREA CODE)
CERTIFICATION LENGTH RECOMMENDATION BY PROVIDER QUALITY ASSURANCE SPECIALIST (12 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) UNIT MANAGER
CONTRACT 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 Intensive Habilitation Services for Children program.

<b>EVALUATOR'S SIGNATURE</b>	DATE	PRINTED NAME
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**Participants**

<b>IHS PROGRAM ADMINISTRATOR'S NAME</b>	<b>IHS PROGRAM MANAGER'S NAME</b>	<b>CHILDREN'S RESIDENTIAL QUALITY ASSURANCE PROGRAM MANAGER'S NAME</b>
<b>PROVIDER QUALITY ASSURANCE SPECIALIST NAME</b>	<b>OTHER'S NAME AND ROLE</b>	<b>OTHER'S NAME AND ROLE</b>
<b>OTHER'S NAME AND ROLE</b>	<b>OTHER'S NAME AND ROLE</b>	<b>OTHER'S NAME AND ROLE</b>

Section A. Provider Qualifications and Responsibilities					
Standards		Program Compliance			
		YES	NO	P	N/A
1. Background checks: <ul style="list-style-type: none"> <li>a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;</li> <li>b. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;</li> <li>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;</li> <li>d. Are renewed at least every three years;</li> <li>e. Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;</li> <li>f. Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and</li> <li>g. Persons who live out of state have a current FBI fingerprint-based background check.</li> </ul> <p style="text-align: center;"><a href="#">DDA Policy 5.01</a>, SOP 203.1</p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements: <ul style="list-style-type: none"> <li>a. 75 hours certificate or exempt from this requirement; <a href="#">WAC 388-829-0015</a></li> <li>b. 12 hours of Continuing Education per year; <a href="#">WAC 388-829-0085</a></li> <li>c. CPR and First Aid training completed within first 60 days of hire and kept current at least annually; and <a href="#">WAC 388-829-0040</a></li> <li>d. Blood-borne pathogens training within first 60 days of hire and kept current at least annually. <a href="#">WAC 388-829-0050 / 296-823-12005</a></li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
3. Provider maintains the following when participating in nurse delegation: <ul style="list-style-type: none"> <li>a. Written instructions for performing the delegated task from the delegating RN;</li> <li>b. Documentation of nurse delegation visits including validation of nursing assistance registrations or certifications;</li> <li>c. Verification of nurse delegation credentials for delegated staff;</li> <li>d. A consent is in place, signed by the client or legal representatives; and</li> <li>e. Verification of nurse delegation training for staff.</li> </ul> <p style="text-align: center;"><a href="#">DDA Policy 6.15</a></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
<p>4. 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 upon hire and annually). <a href="#">DDA Policy 6.12</a></p>	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
<p>5. The provider maintains a client rights policy. <a href="#">RCW 71A.26</a></p>	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
<p>6. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department. <a href="#">RCW 71A.26</a></p>	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
<b>Section B. Physical and Safety Requirements</b>				
<b>Standards</b>			<b>Program Compliance</b>	
<p>1. The condition of the home is:</p> <p style="margin-left: 20px;">a. The exterior is in acceptable condition and free from hazards;</p> <p style="margin-left: 20px;">b. The yard and lawn are maintained; and</p> <p style="margin-left: 20px;">c. The interior is clean and in sanitary condition.</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"/>
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
<p>2. The provider ensure physical and safety requirements are met:</p> <p style="margin-left: 20px;">a. A furnished, accessible home environment including a private, furnished bedroom for each client;</p> <p style="margin-left: 20px;">b. Exit doors are easily accessible;</p> <p style="margin-left: 20px;">c. Windows are operational;</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"/>
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<ul style="list-style-type: none"> <li>d. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients' needs;</li> <li>e. Flammable and combustible materials are stored safely;</li> <li>f. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home;</li> <li>g. Smoke detectors meet clients' specialized needs, including any vision or hearing loss;</li> <li>h. There is a fire extinguisher on each level of the home that is serviced and accessible;</li> <li>i. A stocked first aid kit is available;</li> <li>j. A stocked disaster kit is available for all clients and staff in the home;</li> <li>k. Clients have access to a working telephone;</li> <li>l. Clients have access to a working flashlight or alternative light source; and</li> <li>m. Backup power source is in place for client's who receive life-sustaining treatment (i.e. ventilator)</li> </ul> <p style="text-align: center;"><a href="#">SOP 205.3, 42 CFR Section 441.301(c) (4)</a></p>	<table border="0"> <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> <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> </table>	<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"/>	<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. The provider regulates the water temperature at the residence:</p> <ul style="list-style-type: none"> <li>a. The water temperature must be no higher than 120°F;</li> <li>b. The provider checks the water temperature monthly; and</li> <li>c. The provider documents compliance with this requirement.</li> </ul> <p style="text-align: center;"><a href="#">SOP 205.08</a></p>	<table border="0"> <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"/>	<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>4. The state vehicles are furnished with an emergency road kit that includes:</p> <ul style="list-style-type: none"> <li>a. Flares / triangular reflector;</li> <li>b. First aid kit;</li> <li>c. Fire extinguisher;</li> <li>d. Blanket; and</li> <li>e. Flashlight</li> </ul> <p style="text-align: center;"><a href="#">DDA Policy 6.05</a></p>	<table border="0"> <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>5. The provider completes fire drills at least once per shift per quarter, and fire evacuation drills once per shift per year and keeps documentation of the drills.</p> <p style="text-align: center;"><a href="#">Chapter 51-54A WAC</a></p>	<table border="0"> <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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CORRECTIVE ACTION PLAN / TIMELINES					
6. An evacuation plan is posted. SOP 205.3		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
7. Provider staff are aware of emergency contact protocol including contacting management, 911, parents, etc. SOP 205.3		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
<b>Section C. Client Services</b>					
<b>Standards</b>			<b>Program Compliance</b>		
1. The provider supports program participants for no longer than ninety consecutive days per admission. SOP 205.3		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. For each client, the provider:		YES	NO	P	N/A
a. Develops and implements a habilitation plan, which includes action items and how progress will be measured towards the family's identified goals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Develops a behavior intervention plan;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Partners and consults with the family's behavior support provider, as appropriate;		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Documents school related activities and supports; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Documents participation in individualized team meetings. <a href="#">DDA Policy 4.07</a> , SOP 207.05		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
3. Provider ensures that transportation needs are met while receiving the service.		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					

<p>4. Provider assists clients with medical needs:</p> <p>a. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and</p> <p>b. Seeks same-day medical evaluation for changes from baseline health presentation.</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> </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"/>								
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<p>5. Provider assists with medication needs of clients:</p> <p>a. Medications are stored in a secure area;</p> <p>b. Medication log / Medication Administration Record (MAR) available (includes clients name, time and dosage of medication, and staff initials indicating medication given);</p> <p>c. Available MARs match client medication; and</p> <p>d. Medication refusals are documented on MAR and addressed in a behavior plan if appropriate.</p> <p style="text-align: center;">SOP 206.02, <a href="#">DDA Policy 6.19</a></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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<p>6. Staff can respond to target behaviors of a client that interfere with their ability to engage in habilitative skill building.</p> <p style="text-align: center;"><a href="#">DDA Policy 4.07</a></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>7. Before a client is discharged, the provider gives the family or legal representative:</p> <p>a. Data related to the family's identified goals, including goal progression charts, and the habilitation plan;</p> <p>b. A copy of the Medication Administration Record (MAR);</p> <p>c. The client's personal property inventory; and</p> <p>d. An Intensive Habilitation Services (IHS) discharge report.</p> <p style="text-align: center;"><a href="#">DDA Policy 4.07</a>, SOP 207.05</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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<p>8. Before a client is discharged, the provider:</p> <p>a. Works with the family to coordinate pharmacy transfer for client medications; and</p> <p>b. Inventories personal belongings.</p> <p style="text-align: center;"><a href="#">DDA Policy 4.07</a>, SOP 207.05</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> </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"/>								
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EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
<b>Section D. Incident and Mandatory Reporting</b>						
<b>Standards</b>			<b>Program Compliance</b>			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to the Department of Children, Youth, and Families when the client is under 18, and to DSHS' Adult Protective Services for clients age 18 to 21.  <a href="#">DDA Policy 6.12</a>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 or RCW 26.44.  <a href="#">DDA Policy 6.12</a>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
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 the General Even Report to DDA.  <a href="#">DDA Policy 6.12</a>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
<b>Section E. Records and Reports</b>						
<b>Standards</b>			<b>Program Compliance</b>			
1. The provider maintains the following records for each client and has available for an evaluation:			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
a. Consent, DSHS 14-012;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Intensive Habilitation Services (IHS) for Children Application, Eligibility, and Referral form, DSHS 13-902;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. DDA Assessment;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. School evaluation;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Health and medical information;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Individualized Education Program;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wraparound team care plan if applicable;			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Current medications and dosages; and			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Any court-approved shared parenting plan that delineates decision-making authority, if applicable.  <a href="#">DDA Policy 4.07</a>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. Provider maintains documentation for each client:		YES	NO	P	N/A
a. Current property records for items (which are reviewed and updated as needed);		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. With a value of \$25 or more at intake; and		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With a value of \$75 or more for non-consumable items purchases during the stay. SOP 202.2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
3. Provider has written releases of information signed by the client or their legal representative (as applicable). SOP (Confidentiality)		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
<b>Section F. Restrictive Procedures</b>					
<b>Standards</b>			<b>Program Compliance</b>		
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. <a href="#">DDA Policy 5.14, 5.20, 5.21</a>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDA. <a href="#">DDA Policy 5.20</a>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
3. Staff are trained in positive behavior support and de-escalation techniques and work directly with the client in identifying challenging behaviors and the function of those behaviors.		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					



CORRECTIVE ACTION PLAN / TIMELINES						
4. Provider staff have taken physical intervention training prior to being authorized to use physical intervention techniques. <a href="#">DDA Policy 5.20</a>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
<b>Section G. Quality Review</b>						
<b>Standards</b>			<b>Program Compliance</b>			
1. The clients have adequate privacy in their bedrooms and bathroom and sufficient space for personal belongings. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification must be captured in CARE and supported in the PCSP.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
2. The provider is knowledgeable and takes into account the clients' preferences regarding the care provided, staffing, housemates, visitors, and preferred community activities.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
3. The clients' individual privacy is respected.			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
4. The provider shows respect for the clients (e.g. addressing individuals in the first person using their name when addressing them).			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						
CORRECTIVE ACTION PLAN / TIMELINES						
5. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).			YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
EVALUATOR COMMENTS						

CORRECTIVE ACTION PLAN / TIMELINES				
6. The client has access to balanced, nutritional food choices that reflect their personal preference.	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
7. There is a posting for Adult Protective Services and 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 ACTION PLAN / TIMELINES				
8. Feedback from client satisfaction surveys is generally positive.	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
ADDITIONAL COMMENTS REGARDING EVALUATION				