



Certification Evaluation Checklist

Children's Residential Habilitation Providers

PROVIDER	DATE
<p>In preparation for your upcoming Children's Residential Habilitation certification evaluation, please have current copies of all applicable items below ready for review by the HCLA-contracted evaluator.</p> <p><u>Provider-specific records (if applicable)</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Children's Residential Habilitation Services in a Staffed Residential Home contract (OHS, E-OHS, and RHDY providers only)<input type="checkbox"/> Driver's license and automobile insurance for staff transporting clients<input type="checkbox"/> Background check results letters for all employees, administrators, owners, direct support professionals, volunteers, and any other employees who may have unsupervised access to DDOS clients<input type="checkbox"/> Current training certificates for CPR, First Aid, and Blood Borne Pathogens<input type="checkbox"/> Current food worker card<input type="checkbox"/> Record of at least 12 continuing education credits for the most recent year<input type="checkbox"/> Completion of 75-hour Training (if contracted after 01/01/2016)<input type="checkbox"/> Signed copy of DSHS form 10-403, Residential Services Providers and County and County-Contracted Providers: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult<input type="checkbox"/> Program policies and procedures, and proof of staff training on those policies<input type="checkbox"/> Staff schedules<input type="checkbox"/> Staff payment records and timesheets (specific to locations worked)<input type="checkbox"/> Water temperature records<input type="checkbox"/> Infection control practices<input type="checkbox"/> Fire drill / fire safety requirements<input type="checkbox"/> Children's SOLA provider only: Character, competence, and suitability reviews for staff with non-disqualifying crimes or negative actions on their background check (i.e., Record Review result letters)<input type="checkbox"/> E-OHS provider only: Specialized training completed within 12 months <p><u>Client-specific Records (if applicable):</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Child and Family Engagement Plan<input type="checkbox"/> RHDY Engagement Plan<input type="checkbox"/> Individual Instruction and Support Plan<input type="checkbox"/> Positive Behavior Support Plan<input type="checkbox"/> Signed services acknowledgment<input type="checkbox"/> Quarterly Reports<input type="checkbox"/> Log of client expenses for community inclusion<input type="checkbox"/> Client contact information<input type="checkbox"/> Person-Centered Service Plan<input type="checkbox"/> Service notes<input type="checkbox"/> Medication refusals<input type="checkbox"/> Incident reports<input type="checkbox"/> Property records upon arrival and departure<input type="checkbox"/> Record of money or gift cards managed by the provider, including intake documentation<input type="checkbox"/> Medication intake and administration records<input type="checkbox"/> Nurse delegation records	