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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Community Protection Treatment Worksheet**  **Quarterly Review** | | |  |
| TEAM MEETING DATE |
| Participation in the Community Protection Program requires cooperation with the Treatment Plan and program guidelines. The restrictions / limitations identified below will be in place for (client name): . | | | | |
| **Residence** | | | | |
| Housing location to restrict access to vulnerable populations.    Alarms on windows and doors. Motion detectors and other monitoring devices (specify):    Not to be alone with other residents / line of sight in-home.    Restricted use / access to incendiary devices / combustibles.    Room searches for:    Restrict / Monitored: Circuit breaker, stove, BBQ grill, other environmental changes (specify):    Pets / Animals:    Personal boundaries/horseplay.    Weapons (guns, swords, knives, kitchen knives, etc.): | | | | |
| **Supervision** | | | | |
| 24 hour supervision which includes line of sight at all times in the community.    Restroom Checks:    Disclosure of risk to others (employment / chaperone / dating)    Restricted access to places / areas  Restricted Places:  Places catering to children    Places where children congregate    Bars /taverns and places with the presence of alcohol or drugs    Other: | | | | |
| **Media / Communication** | | | | |
| Restricted access to television, magazines, Internet/computer  Restricted Themes:  Child oriented/child as main character    Domestic/sexual violence    Gratuitous violence (graphic / excessive)    Pornography (specify):    Other:    Restricted telephone use | | | | |
| **Other** | | | | |
| No drug or alcohol use    Participation in therapy:  Weekly  Semi-Monthly  Monthly  Group  Other: | | | | |
| COMMENTS: (INCLUDE PROGRESS HERE) | | | | |
| These current restrictions/limitations were reviewed with the treatment team members below. **Note:** This document is not a change in the client’s Treatment Plan. Any changes to the Treatment Plan must be documented in a revised Treatment Plan and discussed and reviewed with the treatment team per DDA Policy 15.05. | | | | |
| CLIENT | | LEGAL REPRESENTATIVE | RESIDENTIAL PROGRAM MANAGER | |
| THERAPIST | | DDA RESOURCE MANAGER | VOCATIONAL PROGRAM REPRESENTATIVE | |
| OTHER | | OTHER | OTHER | |
| OTHER | | OTHER | OTHER | |