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|  |  HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA) **Certification Evaluation Checklist**  **Children’s Residential Habilitation Providers** |
| PROVIDER | DATE |
| 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. **Provider-specific records (if applicable)**[ ]  Children’s Residential Habilitation Services in a Staffed Residential Home contract (OHS, E-OHS, and RHDY providers only)[ ]  Driver’s license and automobile insurance for staff transporting clients[ ]  Background check results letters for all employees, administrators, owners, direct support professionals, volunteers, and any other employees who may have unsupervised access to DDCS clients[ ]  Current training certificates for CPR, First Aid, and Blood Borne Pathogens[ ]  Current food worker card[ ]  Record of at least 12 continuing education credits for the most recent year [ ]  Completion of 75-hour Training (if contracted after 01/01/2016) [ ]  Signed copy of DSHS form [10-403](https://forms.dshs.wa.lcl/formDetails.aspx?ID=8214), Residential Services Providers and County and Count-Contracted Providers: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult[ ]  Program policies and procedures, and proof of staff training on those policies[ ]  Staff schedules [ ]  Staff payment records and timesheets (specific to locations worked)[ ]  Water temperature records[ ]  Infection control practices [ ]  Fire drill / fire safety requirements[ ]  **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)[ ]  **E-OHS provider only:** Specialized training completed within 12 months**Client-specific Records (if applicable):**[ ]  Child and Family Engagement Plan[ ]  RHDY Engagement Plan[ ]  Individual Instruction and Support Plan[ ]  Positive Behavior Support Plan[ ]  Signed services acknowledgment[ ]  Quarterly Reports[ ]  Log of client expenses for community inclusion[ ]  Client contact information[ ]  Person-Centered Service Plan[ ]  Service notes[ ]  Medication refusals[ ]  Incident reports[ ]  Property records upon arrival and departure[ ]  Record of money or gift cards managed by the provider, including intake documentation[ ]  Medication intake and administration records[ ]  Nurse delegation records  |