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| Text  Description automatically generated | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Integrated Settings Survey:**  **Employment or Community Inclusion Settings** | | | | | | | | | | | | |
| PROVIDER / CONTRACTOR’S NAME | | BUSINESS NAME (IF DIFFERENT) | | | | | | | | CONTACT PHONE NUMBER | | | |
| APPROXIMATE NUMBER OF PEOPLE SUPPORTED BY PROVIDER | | CPP SUPPORT  Yes  No | | SETTING TYPE | | | | | | | | | |
| REVIEWER’S NAME | | REVIEWER’S TITLE | | | | | | | | | | REVIEW DATE | |
| **Employment Site Survey** | | | | | | **YES** | **NO** | **N/A** | | | **COMMENTS** | | |
| 1. Are the majority of people who are not paid to be at the business individuals with developmental disabilities?   *Recommend on-site review and potentially client interviews to determine who is typically present at the business.* | | | | | |  |  |  | | |  | | |
| 1. Is the primary purpose / nature / mission of the business to support individuals with IDD? Is the business charitable or social purpose?   *Recommend researching the business and staff/business owner interview. Research should occur prior to the staff/business owner interview and should include looking at the business’ website, advertisements, publications, annual plan, and community presence such as fundraising events.*  See chart below for reference to social purpose business:  https://www.futurpreneur.ca/wp-content/uploads/2012/10/Social-Finance-image.png | | | | | |  |  |  | | |  | | |
| 1. Is the business owner also the support provider? | | | | | |  |  |  | | |  | | |
| 1. Is the employer of record the provider for DDA clients?   *Recommend research and staff / business owner interview. May be appropriate to request business plan, tax information, etc.* | | | | | |  |  |  | | |  | | |
| 1. Is this business open to the general public?   *Recommend researching the business, staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Do employees (specifically DDA clients) interact with the general public during the natural course of their work?   *Recommend researching the business, staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. How is work assigned to DDA clients? Is work assigned by a supervisor or manager who is not a paid support worker or employment specialist?   *Recommend staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. How are support staff assigned to DDA clients? Does the client have a choice in who provides the support?   *Recommend staff / business owner interview and client interview.* | | | | | |  |  |  | | |  | | |
| 1. Do DDA clients interact with co-workers and supervisors who are not paid support staff to the same degree as other workers not receiving paid supports?   *Recommend staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Do DDA clients come and go at will?   *Recommend client interview and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Where public transportation is limited, are other resources available for the client to access the community other than paid staff offering transportation on a specified schedule?   *Recommend staff / business owner interview and client interview.* | | | | | |  |  |  | | |  | | |
| 1. Do DDA clients have the same access to the work site as workers who are not receiving paid supports?   *Recommend on-site review. May be important to conduct an unannounced review to assure the site and interactions with the public are what they would be on a typical day.* | | | | | |  |  |  | | |  | | |
| 1. Do DDA clients have opportunities to interact with the public or customers to the same degree as workers doing similar duties who are not receiving paid supports?   *Recommend client interview and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Are DDA clients stationed away from others limiting the ability to interact with coworkers?   *Recommend staff / business owner interview and client interview. It may be appropriate to do an unannounced on-site review to assure the typical workstation is being used by the client.* | | | | | |  |  |  | | |  | | |
| 1. Does the workstation or environment have the same visibility to the general public as workers not receiving paid supports?   *Recommend staff / business owner interview, client interview, and onsite review. It may be appropriate to do an unannounced on-site review to assure the typical workstation is being used by the client.* | | | | | |  |  |  | | |  | | |
| 1. What is the ratio of known people with and without disabilities in the workplace and in the clients’ work area? Are there more people with disabilities than without disabilities working in the client’s worker area?   *Recommend staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Is the job on the grounds of or adjacent to a public institution?   *Recommend on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Is the job on the grounds where the DDA clients currently reside?   *Recommend staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| 1. Additional quality metrics:  * Do DDA clients who work at this business depend on paid staff in order to maintain their job (i.e., job coach performs duties of the client’s job for the client)? | | | | | |  |  |  | | |  | | |
| * Do DDA clients work a schedule that allows for breaks and lunch with other workers who are not paid to support DDA clients?   *Recommend staff / business owner interview, client interview, and on-site review.* | | | | | |  |  |  | | |  | | |
| NOTES | | | | | | | | | | | | | |
| **Community Inclusion Site Survey** | | | | | | **YES** | **NO** | **N/A** | | | **COMMENTS** | | |
| 1. Are the majority of people at the site individuals with developmental disabilities? | | | | | |  |  |  | | |  | | |
| 1. Is the site specifically for individuals with developmental disabilities? | | | | | |  |  |  | | |  | | |
| 1. Do DDA clients have the opportunity to interact with individuals who are not paid support staff? | | | | | |  |  |  | | |  | | |
| NOTES | | | | | | | | | | | | | |
| **Individual (Client) Interview - Employment Only** | | | | | | | | | | | | | |
| The questions below are meant to capture if individuals are satisfied with the provider’s instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer.  \* Unknown response indicates individual was unclear, didn’t know, or gave no response. | | | | | | | | | | | | | |
| NAME (MAY ENTER UP TO FOUR): | | |  | |  | | | |  | | | |  |
| 1. Did you interview for this job? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Do you like the work you do? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Can you freely move about the workplace? If no, why not? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Can you freely interact with your co-workers? If not, why not? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Are you able to negotiate your own work schedule with your supervisor? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Are you able to choose who you take your breaks with or eat your lunch with? If not, why not? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| NOTES | | | | | | | | | | | | | |
| **Individual (Client) Interview - Employment or Community Inclusion** | | | | | | | | | | | | | |
| The questions below are meant to capture if individuals are satisfied with the provider’s instruction and supports, if needs are met, and if client rights are protected. Document answers to the questions or if they decline to answer.  \* Unknown response indicates individual was unclear, didn’t know, or gave no response. | | | | | | | | | | | | | |
| NAME (MAY ENTER UP TO FOUR): | | |  | |  | | | |  | | | |  |
| 1. How did you find out about this place? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Did you choose to receive services here? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Did you pick the days you come here? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Are you satisfied with your current schedule? Do you have opportunity to interact with community members / visitors? If no, why not? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| 1. Do you have a choice about the staff who supports you while here? | | | Yes  No  Unknown\* | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* | | | | Yes  No  Unknown\* |
| NOTES | | | | | | | | | | | | | |
| **Photos (if applicable)** | | | | | | | | | | | | | |

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| **Reviewer Recommendation** |
| Does the setting meet the Home and Community Based Services settings regulation?  Yes  No  Comments: |
| **If no, is a corrective action plan in process?**  Yes  No  Comments: |
| Recommendations for further actions: |
| **Is a referral to Headquarters needed?** A referral must occur if the setting does not meet requirements.  Yes  No  Comments: |
| **Headquarters Review** |
| Is there a need for a corrective action plan?  Yes  No  If yes, indicate what the corrective action plan will be:  Planned follow-up timeline: |
| **Follow-up Review** |
| Date of follow-up:  Was an in-person visit conducted?  Yes  No  Is the setting now in compliance?  Yes  No  Summary of review / findings: |
| **Assistant Secretary Referral** |
| Is a referral to the DDA Assistant Secretary needed?  *If a provider is unable or unwilling to come into compliance, the Integrated Settings Committee must refer to the DDA Assistant Secretary to determine further action to discontinue federal financial participation of funds.*  Yes  No  Comments: |