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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Residential Quality Assurance Certification Evaluation Checklist for Companion Homes Providers** |
| PROVIDER | DATE |
| In preparation for your upcoming Companion Homes certification evaluation, please have current copies of all applicable items below ready for review by the contracted evaluator. If you have any questions or do not have copies of the documents below, please contact the DDA Resource Manager **or** DDA Case Manager for the individual you support. [ ]  Companion Home contract (1747XP-12) and business license[ ]  Driver’s license[ ]  Auto license[ ]  Background check results letters for all who live in the home or stay overnight regularly that are 16 years or older[ ]  Current training certificates for CPR / First Aid and Blood Borne Pathogens[ ]  Record of at least 12 continuing education credits for the most recent year For initial certification only: [ ]  Completion of 75-hour Training (if contracted after 01/01/2016) [ ]  Five (5) hour Safety and Orientation [ ]  40 Hour Basic Training including: [ ]  Blood Borne Pathogens with HIV / AIDS (included in basic training) [ ]  30 Hour Population Specific Training including: [ ]  First Aid Training and CPR Card (6-hours) [ ]  Companion Home Orientation (6-hours)[ ]  Signed copy of DSHS form [10-403](https://www.dshs.wa.gov/sites/default/files/forms/word/10-403.doc), Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult.[ ]  Monthly emergency evacuation practice record and monthly water temperature record, DSHS form [21-061](https://www.dshs.wa.gov/sites/default/files/forms/word/21-061.doc), Companion Home Monthly Emergency Evacuation Practice and Water Temperature Record.**Plans for the individual you support:**[ ]  Person-Centered Service Plan[ ]  Individual Education Plan[ ]  Individual employment Plan[ ]  Positive Behavior Support Plan[ ]  Psychotropic Medication Treatment Plan, DSHS form [13-851A](https://www.dshs.wa.gov/sites/default/files/forms/word/13-851a.docx), if applicable per [Policy 5.16](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.16.pdf)[ ]  Cross systems Crisis Plan[ ]  Individual Financial Plan (IFP), DSHS form [15-514](https://www.dshs.wa.gov/sites/default/files/forms/word/15-514.docx)[ ]  Records of finances managed on behalf of the client [ ]  Budget attachment and plan for maintaining resources as described in [WAC 182-513-1350](https://apps.leg.wa.gov/wac/default.aspx?cite=182-513-1350) such as: [ ]  Companion Home Client Budget Worksheet, DSHS form [17-257](https://www.dshs.wa.gov/sites/default/files/forms/word/17-257.docx) [ ]  Companion Home Gift Card or Pre-Paid Credit Card Ledger, DSHS form [17-260](https://www.dshs.wa.gov/sites/default/files/forms/word/17-260.docx) [ ]  Companion Home Client Cash Ledger, DSHS form [17-258](https://www.dshs.wa.gov/sites/default/files/forms/word/17-258.docx)[ ]  Written consent to manage client funds[ ]  Nurse delegation records[ ]  Companion Home Client Inventory Record, DSHS form [17-259](https://www.dshs.wa.gov/sites/default/files/forms/word/17-259.docx))[ ]  Room and board agreement[ ]  All reports submitted to DDA during the current evaluation period including: [ ]  Companion Home Quarterly Reports, DSHS form [15-516](https://www.dshs.wa.gov/sites/default/files/forms/word/15-516.docx) [ ]  Refusal to participate in services reports per [WAC 388-829C-370](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829C-370) [ ]  Companion Home and Alternative Living Services Incident Report, DSHS form [15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx)  |