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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Residential Quality Assurance Certification Evaluation Checklist for Alternative Living Providers** |
| PROVIDER | DATE |
| In preparation for your upcoming Alternative Living 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.[ ]  Alternative Living contract[ ]  Individual Provider contract[ ]  Background check results letter (most recent)[ ]  Date that 75 hours of training was completed: ; or [ ]  Copy of DD Specialty Training certificate (if contracted before 01/01/2016)[ ]  Record of Continuing Education (CE) credits for the previous year[ ]  Record of CE credits for the current year[ ]  Training certificates: [ ]  CPR [ ]  First Aid [ ]  Blood Borne Pathogens with HIV / AID[ ]  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.[ ]  Driver’s License[ ]  Auto insurance**For each of the Alternative Living clients you support**:[ ]  Client Information Sheet(s)[ ]  Release of Information forms[ ]  Person Centered Service Plans[ ]  Positive Behavior Support Plans[ ]  Cross System Crisis Plans[ ]  Cross systems Crisis Plans[ ]  Alternative Living Service Plans[ ]  All reports submitted to DDA during the current evaluation period including: [ ]  Alternative Living Services Plan and Provider Report, DSHS form [10-269](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269.docx) [ ]  Alternative Living Financial Reports, DSHS form [23-034](https://www.dshs.wa.gov/sites/default/files/forms/word/23-034.docx) [ ]  Service Verification / Attendance Records, DSHs form [10-104B](https://www.dshs.wa.gov/sites/default/files/forms/word/10-104B.docx) [ ]  Reports of unusual incidents and emergencies (DDA 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))  |