Provider Name	Date

Developmental Disabilities Administration (DDA)

State-Operated Community Residential Transitions (SOCR-T) Program Certification Evaluation

Provider Name		
Mailing Address		
Site Address		
Provider Email Address		Provider Phone Number
Certification Length Recommendation by Resource Manager / Program Manager (24-month maximum)	Certification Monitoring Length Approved by DDA Quality Assurance Office Signature	
Certification Evaluation Period	Next Review Date (filled out by DDA Quality Assurance Office)	
The evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated State-Operated Community Residential Transitions Program Certification Evaluation.		
Evaluator's Signature Date		Printed Name

Participants		
Conditional and Short-Term Services Program Manager Name	**Provider** Name	**Other** Name and Role
Other Name and Role	**Other** Name and Role	**Other** Name and Role
Other Name and Role	**Other** Name and Role	**Other** Name and Role

Sample:

- Client sample (total):
- Client initials from sample (no names):
- Staff sample:
- Staff initials from sample (no names):

Section A. Provider Qualifications and Responsibilities

Standards	Program Compliance
1. All provider staff meet the following qualifications: a. Are age 18 or older; and b. Have a high school diploma or GED. WAC 388-848-0220 **Evaluator Comments:**	YES ☐ NO ☐ P ☐ N/A ☐ ☐ ☐ ☐ ☐
Corrective Actions:	
2. Background checks: a. All employees, administrators, owner-administrators, subcontractors, volunteers, and any other employee who may have unsupervised access to a DDA client has a current, non-disqualifying background check; b. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients; c. A character, competence, and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative actions; d. Are renewed at least every three years; e. Persons who have resided fewer than three continuous years in Washington State must have fingerprint-based background check; and f. Persons who live out of state have a current out of state fingerprint-based background check. Policy 5.01, WAC 388-848-0220 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
3. The provider and their employees meet these training requirements: a. 75 hours certificate or exempt from this requirement WAC 388-829-0015; b. 12 hours of Continuing Education per year WAC 388-829-0085; c. CPR and First Aid training completed in person within first 60 days of hire and kept current WAC 388-829-0040; and d. Blood-borne pathogens training within first 60 days of hire and kept current WAC 388-829-0050; WAC 388-848-0230 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Corrective Actions:

	Yes	No	P	N/A
4. The Provider has a current signed copy of: DDA Residential Services Providers Mandatory Reporting of Abandonment, Abuse, Neglect, Exploitation or Financial Exploitation of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee, volunteer, and contractor. DDA Policy 6.12	☐	☐	☐	☐

Evaluator Comments:

Corrective Actions:

	YES	NO	P	N/A
5. The provider maintains: a. A client rights policy in accordance with Chapter 71A.26 RCW; and	☐	☐	☐	☐
b. A client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievance to the department. RCW 71A.26	☐	☐	☐	☐

Evaluator Comments:

Corrective Actions:

Section B. Physical and Safety Requirements

Standards	Program Compliance			
	Yes	No	P	N/A
1. The provider: a. Has a designated administrator;	☐	☐	☐	☐
b. Ensures that clients have immediate access to staff, or the means to contact staff, at all times;	☐	☐	☐	☐
c. Provides adequate staff to meet the needs of clients as identified in their PCSPs; and	☐	☐	☐	☐
d. Retains each client's records for six years after date of discharge. WAC 388-848-0190	☐	☐	☐	☐

Evaluator Comments:

Corrective Actions:

	Yes	No	P	N/A
2. The provider ensures the following home safety requirements are met for each client unless otherwise specified in the client's Person-Centered Service plan: a. A safe and healthy environment;	☐	☐	☐	☐
b. Accessible telephone equipment and a list of emergency contact numbers;	☐	☐	☐	☐
c. An evacuation plan developed and practiced with the client;	☐	☐	☐	☐
d. Unblocked doors and windows for emergency exit;	☐	☐	☐	☐
e. A safe storage area for flammable and combustible materials;	☐	☐	☐	☐
f. An operating smoke detector, with a light alarm for clients with hearing impairments;	☐	☐	☐	☐
g. An accessible flashlight or other safe accessible light source in working condition;	☐	☐	☐	☐

h. Basic first aid supplies;	☐	☐	☐	☐
i. Unless otherwise specified in the client's person-centered service plan, SOCR-T must assist clients in regulating household water temperature as follows:				
i. Maintains water temperature in the household no higher than 120 degrees Fahrenheit	☐	☐	☐	☐
ii. Checks water temperature when the client first moves into the household and at least once every three months from then on; and	☐	☐	☐	☐
j. Maintains records that indicate the requirements in this section are met for each client.	☐	☐	☐	☐
WAC 388-848-0200				
Evaluator Comments:				
Corrective Actions:				

Section C. Client Services				
Standards	**Program Compliance**			
1. Provider provides support with the following to clients in the program:	Yes	No	P	N/A
a. Wraparound housing stability services;	☐	☐	☐	☐
b. Daily meals and snacks;	☐	☐	☐	☐
c. Toiletries and personal care items;	☐	☐	☐	☐
d. Bedding;	☐	☐	☐	☐
e. Access to laundry services;	☐	☐	☐	☐
f. Access to a telephone;	☐	☐	☐	☐
g. Community access; and	☐	☐	☐	☐
h. Transportation to necessary appointments and activities.	☐	☐	☐	☐
WAC 388-848-0180				
Evaluator's Comments:				
Corrective Actions:				
2. Provider assists clients with healthcare needs including:	Yes	No	P	N/A
a. Medication assistance and administration;	☐	☐	☐	☐
b. Delegated nursing tasks under WAC 246-840-910 – 246-840-970;	☐	☐	☐	☐
c. Assisting the client with healthcare appointments including scheduling;	☐	☐	☐	☐
d. Transportation to, and participation in, medical appointments as necessary; and	☐	☐	☐	☐
e. Assisting the client to understand and follow their healthcare plans and recommendations.	☐	☐	☐	☐
WAC 388-848-0180				
Evaluator Comments:				
Corrective Actions:				
Section D. Records and Reports				

Standards	Program Compliance			
	Yes	No	P	N/A
1. The Functional Assessment accurately reflects the client's history and current status by directly documenting information or referencing information contained in other documents that address:	☐	☐	☐	☐
a. Client's likes and dislikes;	☐	☐	☐	☐
b. Client's living arrangement;	☐	☐	☐	☐
c. Client's work environment;	☐	☐	☐	☐
d. Client's strengths, functional limitations, and support needs;	☐	☐	☐	☐
e. Strategies and techniques that are known to work for the client, including preferred language and communication style;	☐	☐	☐	☐
f. Relevant medical conditions and their impact on the client's behavioral profile;	☐	☐	☐	☐
g. Client's current diagnoses conditions and their impact on the client's functioning; and;	☐	☐	☐	☐
h. Significant events in the client's life and their impact on the client's behavioral profile.				
WAC 388-848-0180, Policy 5.21				
Evaluator's Comments:				
Corrective Actions:				
2. The Positive Behavior Support Plan meets the following requirements:	Yes	No	P	N/A
a. Is based on the Functional Assessment;	☐	☐	☐	☐
b. Is accurate and consistent with the Functional Assessment;	☐	☐	☐	☐
c. Includes participation and agreement of the client;	☐	☐	☐	☐
d. Documents consent from the client or client's legal representative;	☐	☐	☐	☐
e. Describes strategies and supports to be used to prevent the use of target behaviors;	☐	☐	☐	☐
f. Outlines strategies for responding to target behaviors when they escalate in intensity, duration, or impact;	☐	☐	☐	☐
g. Defines a specific replacement behavior matching the target behavior's function;	☐	☐	☐	☐
h. Provides instruction and strategies to teach and support replacement behavior;	☐	☐	☐	☐
i. Defines benchmarks to evaluate the effectiveness of the PBSP based on:				
i. The reduction of target behaviors;	☐	☐	☐	☐
ii. The increased use of replacement behaviors; and	☐	☐	☐	☐
iii. A data collection system.	☐	☐	☐	☐
Policy 5.21				
Evaluator's Comments:				
Corrective Actions:				
3. The provider maintains the following documents for all clients:	Yes	No	P	N/A
a. Copy of household health and safety agreement; WAC 388-848-0130	☐	☐	☐	☐
b. Daily schedule;	☐	☐	☐	☐
c. Short-term goals;	☐	☐	☐	☐
d. Teaching strategies and training plan for SOCR-T staff;	☐	☐	☐	☐

e. Discharge date and expectations; and	☐	☐	☐	☐
f. Training for staff on PBSP and record of training.	☐	☐	☐	☐
SOP 207.10				
Evaluator's Comments:				
Corrective Actions:				

4. Provider keeps a record of each client's:	YES	NO	P	N/A
a. Person-Centered Service Plan (PCSP); and	☐	☐	☐	☐
b. Individual instruction and support plan.	☐	☐	☐	☐
WAC 388-848-0190				
Evaluator Comments:				
Corrective Actions:				

5. To manage client funds, the provider:	Yes	No	P	N/A
a. Keeps client cash secured;	☐	☐	☐	☐
b. Keeps client cash counted each shift;	☐	☐	☐	☐
c. Keeps a timely, accurate ledger of all client funds received and spent	☐	☐	☐	☐
d. Creates an Individual Financial Plan for each client which includes:				
i. The amount of cash the client has upon intake;	☐	☐	☐	☐
ii. The support level the client needs when managing money;	☐	☐	☐	☐
iii. The client's spending plan;	☐	☐	☐	☐
iv. Whether the money will be replenished and how frequently; and	☐	☐	☐	☐
e. Creates and manages client gift card ledgers (if applicable).	☐	☐	☐	☐
SOP 202.05				
Evaluator Comments:				
Corrective Actions:				

6. Upon admission, the provider works with the client and the client's legal representative (if applicable) to:	Yes	No	P	N/A
a. Complete an inventory of the client's property;	☐	☐	☐	☐
b. Review and sign the SOCR-T program rules and expectations;	☐	☐	☐	☐
c. Schedule bi-weekly team meetings; and	☐	☐	☐	☐
d. Discuss discharge planning.	☐	☐	☐	☐
SOP 207.10				
Evaluator Comments:				
Corrective Actions:				

Section E. Incidents and Mandatory Reporting

Standards	Program Compliance
1. The provider reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and DDA. DDA Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
2. The provider additionally reported any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34. DDA Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
3. The provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting written notification or an incident report to DDA no more than one business day after the provider becomes aware of the incident. DDA Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	

Section F. Restrictive Procedures	
Standards	**Program Compliance**
1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary. DDA Policy 5.15 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Actions:	
2. An incident report was submitted to the DDA Case Resource Manager for: a. Any injuries requiring first aid or medical care that were sustained during implementation of a restrictive procedure or intervention; b. Any restrictive procedures that were implemented under emergency guidelines; and c. Abuse or neglect of a client's animal or pet. DDA Policy 5.15 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Corrective Actions:	

Section G. Qualify Review				
Standards	**Program Compliance**			
	Yes	No	P	N/A
1. The provider demonstrates a clear understanding of the DDA Guiding Values when providing services.	☐	☐	☐	☐
2. Clients have adequate privacy in their bedrooms and sufficient space for personal belongings.	☐	☐	☐	☐
3. The provider is knowledgeable about the clients' preferences regarding the care provided.	☐	☐	☐	☐
4. The clients' individual privacy is respected (i.e., knocking and waiting for a response before entering the client's bedroom or bathroom). SOP 201.04	☐	☐	☐	☐
5. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).	☐	☐	☐	☐
6. The provider ensures access to balanced, nutritional food choices that reflect the client's personal preference.	☐	☐	☐	☐
7. There is a posting for Adult Protective Services contact information to report suspected abuse / neglect / exploitation?	☐	☐	☐	☐
8. The provider participated in the certification evaluation process in a timely and responsive manner including participating in scheduled and unscheduled visits, cooperating in scheduling visits, providing information and documentation as requested, responding to questions or issues identified, participating in an exit meeting, and implementing a corrective action plan.	☐	☐	☐	☐
9. The provider completed any outstanding corrective action plans from the previous certification period.	☐	☐	☐	☐
Evaluator Comments:				
Corrective Actions:				

Additional comments regarding evaluation: