

DIVISION OF DEVELOPMENTAL DISABILITIES
**Children's Staffed Residential
 Quality Assurance Assessment**



DATE	VISIT TYPE (ANNUAL OR BY REQUEST)		
DDD REVIEWER'S NAME		DIVISION OF LICENSED RESOURCES (DLR)LICENSOR'S NAME	LICENSOR'S TELEPHONE NUMBER

Assessor should obtain information below from regional Voluntary Placement Services (VPS) Coordinator or contract staff prior to conducting QA assessment.

STAFFED RESIDENTIAL AGENCY		HOME NAME	
MAILING ADDRESS		MAILING ADDRESS	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
TELEPHONE NUMBER	FAX NUMBER		TELEPHONE NUMBER
CURRENT VALID LICENSE <input type="checkbox"/> Yes <input type="checkbox"/> No	TOTAL LICENSED CAPACITY	RESPITE CONTRACT <input type="checkbox"/> Yes <input type="checkbox"/> No	RESPITE CAPACITY
NUMBER OF RESIDENTS	DDD:	CA:	

***ASTERISK THOSE RESIDENTS PRESENT DURING VISIT**

INDIVIDUALS RESIDING IN THE HOME	AGENCY PROVIDING OVERSIGHT (DDD/CA)	SOCIAL WORKER	DATE OF BIRTH	STAFFING RATIO (PER CLIENT RATE ASSESSMENT)

PREVIOUS VISIT DATE	TYPE OF PREVIOUS VISIT (ANNUAL OR BY REQUEST)
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SUMMARY (Review of previous QA Assessment(s) and/or corrective action reports to provide a brief summary of identified areas that required corrections):

Social Worker and Supervisor current issues / concerns

(Assessor to meet with regional Voluntary Placement Services (VPS) Coordinator and assigned Social Worker prior to the QA assessment. If home has DDD residents from other regions, a conference call should be scheduled with other region. Content should include issues or outstanding compliance concerns with DDD contract and / or WAC)

Is the child/youth receiving the level of supervision per current rate and staffing schedule?

Is the child/youth receiving treatment services (OT, PT, Speech Counseling) including behavior support?

Is there documentation of family/community contact (Shared Parenting Plan and 90 day visits)?

Is the child/youth receiving therapeutic skill development (teaching and training with ADL's, etc.)?

Is the Social Worker receiving timely and thorough reports and communication from the agency?

Is the child/youth maintaining a health care schedule (i.e. neurologist, medication review, mental health professional, nutritionist, etc.)? If no, provide explanation.

Additional Comments:

Home's Physical Appearance	Yes	No	N/A	Comments (Provide specific information on No and N/A responses only)
WAC 388-148-0165 House number visible from street	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0155 Exterior in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0155 Yard/lawn maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0155 Interior clean and in good sanitary condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Observations	Yes	No	N/A	Comments (Provide specific information on No and N/A responses only)
WAC 388-148-0225 and WAC 388-148-0230 Exit doors easily accessible from inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0225 Exits unblocked and obstacles are not placed in corridors, aisles, doorways, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0260 and WAC 388-148-0225 Windows operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0155 Provide handrails for steps, stairs,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

and ramps if required by DLR				
WAC 388-148-0195 and WAC 388-148-0225 Dangerous chemicals are inaccessible and properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0315 Secure/adequate grab bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0205 Locked medications (including vitamins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0645 WAC 388-148-0250 Documentation of monthly emergency preparedness plan (monthly safety checks, fire drills and smoke alarms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0240 Serviced and accessible fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0315 Water temperature does not exceed 120° as tested with a thermometer in children's bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0200 First Aid supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Household Observations	Yes	No	N/A	Comments (Provide specific information on No and N/A responses only)
WAC 388-148-0370 through WAC 388-148-0390 Variety, type, amount of food sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0665 Menus / snacks available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administration	Yes	No	N/A	Comments (Provide specific information on No and N/A responses only)
WAC 388-148-0145 Licensed posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WAC 388-148-0275 Posted emergency numbers (including poison control) for both client/staff access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client Records: Document either Yes including date met or No if not located or incomplete				
Client Name (may enter up to four)				
DDD Policies 5.19 and 5.20 and DDD LSR Contract Approved Functional Analysis (FA) and Positive Behavior Support Plans (PBSP). Plan signed by DDD staff				
DDD Policies 5.19 and 5.20 and DDD LSR Contract Documentation that data collection and monitoring is occurring every				

30 days				
WAC 388-148-0570 Current Individual Education Plan (IEP)				
DDD LSR Contract Current Shared Parenting Plan				
WAC 388-148-0125 and DDD LSR Contract Client information kept confidential and secure in the home				
WAC 388-148-0565 and DDD LSR Contract Documentation of Current Treatment Plan updated and submitted Quarterly to DDD				
WAC 388-148-0120 , DDD Policy 6.12 , DDD LSR Contract Documentation of Incident Reports including notification to DDD, DLR, parents, etc. as appropriate				
WAC 388-826 Documentation of Comprehensive Log reflecting Community and Family Activities and dates				
WAC 388-826 Current Property Inventory reviewed annually				
WAC 388-845-3055 and WAC 388-845-3065 Current Signed DDD/ISP				
Medical / Dental: Document either Yes including date met or No if not located or incomplete				
WAC 388-148-0125 , WAC 388-148-0335 , and DDD Policy 6.19 Medical/Dental Log (includes reason for visit along with date of annual medical and dental exam)				
WAC 388-148-0127 and DDD Policy 6.19 Medication Log/MAR (Includes dosage, frequency, and side effects)				
WAC 388-148-0352 and DDD Policy 6.19 Medications administered as prescribed (Staff signature and missed medications included) Review previous 3 months record. Does MAR match meds available?				
WAC 388-148-0352 and DDD Policy 5.19				

PRN medication protocol available				
DDD Policy 6.15 and 6.19 DDD LSR Contract Clients aged 18-21 Nurse Delegation Documentation				
DDD LSR Contract Physician approved restricted diet (signed annually by PCP)				
WAC 388-826 Seizure record				
Bedrooms: Document either Yes including date met or No if not located or incomplete				
DDD LSR Contract One child per bedroom				
DDD Policy 5.19 Alarms (door and window)				
DDD Policy 5.19 and CA Policy 5800 Approved Video/Audio Monitors				
WAC 388-148-0155 Clean and free of unpleasant odors				
DDD LSR Contract Individual rooms are reflective of the child				
DDD Policy 5.20 and DDD LSR Contract Approved use of side bed rails				
Observations: Briefly discuss interactions that were observed during the time of the visit including child / youth's appearance, teaching and training techniques, skill development, medication administration, etc.				
Client name:				
Comments:				
Client name:				
Comments:				

Client name:

Comments:

Client name:

Comments:

Interviews

Should conduct a random sample of a minimum of two staff (those present during the time of the visit) and two clients (if able), dependent on the household size and two parents.

Direct Care Staff Interview

Direct Care staff name:

How long have you worked here?

What kind of training have you had in the following areas?

- Supervising youth
- Behavior Support / Restraints
- Medical Emergencies
- Treatment area (youth who are sexually aggressive, suicidal, or have a developmental disability, etc.)

Have you seen the mandatory reporting video? Yes No

Have you had to use a physical intervention technique or a "quiet room"? Can you describe what happened?

Have you ever made a CPS referral? What happened?

Do you think there is an adequate number of staff to provide supervision?

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Have you ever made a CPS referral? What happened?

Do you think there is an adequate number of staff to provide supervision?

Child/Youth Interview (Assessor should indicate if child / youth is able to participate in the interview. Mark N/A if unable to do so)

Name of child / youth:

What chores do you do on a regular basis?

What activities do you participate in during the week? What activities do you do on weekends?

What happens when you get into trouble? What are the consequences?

If you needed help who would you go to?

Do you go to the store with staff and pick out your own food?

Do you have a DDD Social Worker? What is your Social Worker’s name?

Name of child / youth:

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What activities do you participate in during the week? What activities do you do on weekends?

What happens when you get into trouble? What are the consequences?

If you needed help who would you go to?

Do you go to the store with staff and pick out your own food?

Do you have a DDD Social Worker? What is your Social Worker’s name?

Parent Interview

(Assessor to contact parents of children receiving VPS only. N/A for a child served by CA. Content should provide feedback on current issues, questions or concerns pertaining to the care and supports for their child)

Name of parent:

How long has your child been living at this residence? Do you have any health and safety concerns regarding your child's residence?

How do you stay in touch with your child?

When did you last visit?

Do you think your child receives adequate supervision? Yes No
If not, what are your concerns?

Has your child ever commented to you about any problems in regards to the residential home? Yes No
If yes, provide explanation including how the concerns were addressed and resolved.

Do you feel your child's medical needs are being met?

Do you feel your child's educational needs are being met? Have you been included in the IEP conferences?

Do you feel your child's behavioral needs are appropriately supported?

Is there anything else you would like me to know?

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When did you last visit?

Do you think your child receives adequate supervision? Yes No
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If yes, provide explanation including how the concerns were addressed and resolved.

Do you feel your child's medical needs are being met?

Do you feel your child's educational needs are being met? Have you been included in the IEP conferences?

Do you feel your child's behavioral needs are appropriately supported?

Is there anything else you would like me to know?

Corrections, Consultations, and Follow-Up

Review the assessment and summarize the areas marked “no”. These require follow-up and action by the VPS Coordinator and/or Social Worker. Recommendations and suggestions can also be included as they relate to DDD contract and VPS WAC.