

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 program?

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, and ramps if required by DLR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 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 388-148-0250 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Documentation of monthly emergency preparedness plan (monthly safety checks, fire drills and smoke alarms) | | | | |
| WAC 388-148-0240 Serviced and accessible fire extinguisher | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| WAC 388-148-0315 Best Practice 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 388-148-0275 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 Approved Functional Analysis (FA) and Positive Behavior Support Plans (PBSP). Plan signed by DDD staff | | | | |
| DDD Policies 5.19 and 5.20 Documentation that data collection and monitoring is occurring every 30 days | | | | |
| WAC 388-148-0570 Current Individual Education Plan (IEP) | | | | |
| WAC 388-826-0090 Does the child have a Representative Payee? | | | | |
| Chapter 388-826 WAC Current Shared Parenting Plan | | | | |
| WAC 388-148-0125 Client information kept confidential and secure in the home | | | | |
| WAC 388-148-0565 Documentation of Current Treatment Plan updated and submitted quarterly to DDD | | | | |

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| WAC 388-148-0120 , and DDD Policy 6.12 Documentation of Incident Reports including notification to DDD, parents, etc. | | | | |
| Chapter 388-826 WAC Documentation of Comprehensive Log reflecting Community and Family Activities and dates | | | | |
| Chapter 388-826 WAC 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 388-148-0340 Documentation of current immunizations or approved exceptions if applicable | | | | |
| 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 PRN medication protocol available | | | | |
| DDD Policy 6.15 and 6.19 Clients aged 18-21 Nurse Delegation documentation | | | | |
| WAC 388-148-0380 Physician approved restricted diet (signed annually by PCP) | | | | |
| Chapter 388-826 WAC Seizure record | | | | |
| Bedrooms: Document either Yes including date met or No if not located or incomplete. | | | | |
| WAC 388-148-0255 Alarm accommodations for sensory needs (i.e., alarms equipped with strobe lights for children who are hearing impaired) | | | | |

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| <u>WAC 388-148-0155</u> Clean and free of unpleasant odors | | | | |
| Best Practices Individual rooms are reflective of the child | | | | |
| <u>DDD Policy 5.20</u> 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: | | | | |
| 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. | | | | |
| Attendant Counselor Staff Interview | | | | |
| 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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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?

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Parent Interview

(Assessor to contact parents of children residing in the home. 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?

How often have you visited and 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 managed?

Is there anything else you would like me to know?

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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 managed?

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 would require follow-up and action by the VPS Coordinator and/or Social Worker.