

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Children's State Operated Living Alternatives (SOLA)**  
**Review and Evaluation**

**Contract Evaluation**

PROVIDER'S NAME	
MAILING ADDRESS	
PROVIDER EMAIL ADDRESS	
EVALUATION LENGTH RECOMMENDATION BY VOLUNTARY PLACEMENT SERVICES RESOURCE MANAGER (12 MONTH MAXIMUM)	CONTRACT MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER
CONTRACT EVALUATION PERIOD	NEXT REVIEW DATE (FILLED OUT BY QA UNIT MANAGER)
EVALUATOR VISIT DATES	

The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated SOLA program.

**Required Signatures**

<b>EVALUATOR'S SIGNATURE</b>	DATE	PRINTED NAME
<b>SOLA PROGRAM ADMINISTRATOR'S SIGNATURE</b>	DATE	PRINTED NAME
<b>VOLUNTARY PLACEMENT SERVICES RESOURCE MANAGER SIGNATURE</b>	DATE	PRINTED NAME

**Optional Signatures**

SOCIAL SERVICE SPECIALIST'S SIGNATURE	DATE	PRINTED NAME
OTHER SIGNATURE	DATE	PRINTED NAME
OTHER SIGNATURE	DATE	PRINTED NAME
OTHER SIGNATURE	DATE	PRINTED NAME

PROVIDER'S NAME	DATE																								
<b>Section A. Provider Qualifications and Responsibilities</b>																									
<b>Standards</b>			<b>Program Compliance</b>																						
<p>1. Background checks:</p> <p>a. All provider employees, administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;</p> <p>b. As of January 1, 2016, all new hires have fingerprint-based background checks;</p> <p>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;</p> <p>d. Are renewed at least every three years; and</p> <p>e. A person who has resided fewer than three continuous years in Washington State must have fingerprint-based background checks (including a person who resides out of state and works in Washington State).</p> <p style="text-align: center;"><a href="#">DDA Policy 5.01</a>, Background Checks</p> <p><b>Evaluator Comments:</b></p> <p style="background-color: yellow; height: 20px;"></p> <p><b>Corrective Actions:</b></p> <p style="background-color: yellow; height: 20px;"></p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>2. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:</p> <p>a. 75 hours certificate or exempt from this requirements; <a href="#">WAC 388-829-0030</a> through <a href="#">WAC 388-829-0045</a></p> <p>b. 12 hours of Continuing Education per year; <a href="#">WAC 388-829-0085</a></p> <p>c. CPR and First Aid training completed within first 60 days of hire and kept current at least annually; and <a href="#">WAC 388-829-0040</a></p> <p>d. Blood-borne pathogens training within first 60 days of hire and kept current at least annually. <a href="#">WAC 388-829-0050</a> / <a href="#">WAC 296-823-12005</a></p> <p><b>Evaluator Comments:</b></p> <p style="background-color: yellow; height: 20px;"></p> <p><b>Corrective Actions:</b></p> <p style="background-color: yellow; height: 20px;"></p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<p>3. Provider maintains the following when participating in nurse delegation clients age 18-20 or clients receiving respite who require assistance with medication administration):</p> <p>a. Written instructions for performing the delegated task from the delegating RN;</p> <p>b. Documentation of nurse delegation 90-day visits including validation of nursing assistant registrations or certifications;</p> <p>c. A consent is in place, signed by the client or legal representatives; and</p> <p>d. Verification of nurse delegation training for staff.</p> <p style="text-align: center;"><a href="#">WAC 388-826-0230</a></p> <p><b>Evaluator Comments:</b></p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
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<b>Corrective Actions:</b>				
4. The provider has a signed copy of Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, form DSHS 10-403, on reporting requirements on file (required annually). <a href="#">DDA Policy 6.12</a>	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>				
<b>Corrective Actions:</b>				
5. Staff providing transportation have:	YES	NO	P	N/A
a. A valid driver's license;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Viewed the OFM Safe Driving Habits video; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have a signed Employee Driver's Statement of Understanding, DSHS 03-247, included in their personnel file with their DSHS 03-380, Employee Annual Review Checklist. <a href="#">DDA Policy 6.05</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>				
<b>Corrective Actions:</b>				
EVALUATOR COMMENTS				

Section B. Physical and Safety Requirements				
Standards	Program Compliance			
	YES	NO	P	N/A
1. The condition of the home is: <ul style="list-style-type: none"> <li>a. The exterior is in acceptable condition and free from hazards;</li> <li>b. The yard and lawn are maintained; and</li> <li>c. The interior is clean and in sanitary condition.</li> </ul> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider ensures physical and safety requirements are met: <ul style="list-style-type: none"> <li>a. A furnished home environment including a private, furnished bedroom for each client;</li> <li>b. Exit doors are easily accessible; SOP (Emergency Operations / National Disasters)</li> <li>c. Windows are operational;</li> <li>d. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients' need;</li> <li>e. Flammable and combustible materials are stored safely;</li> <li>f. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home; SOP (Emergency Operations / National Disasters)</li> <li>g. Smoke detectors meet needs of clients' specialized needs, including any vision or hearing loss;</li> <li>h. There is a fire extinguisher on each level of the home that is serviced and accessible; SOP (Emergency Operations / National Disasters)</li> <li>i. A stocked first aid kit is available; SOP (Emergency Operations / National Disasters)</li> <li>j. A stocked disaster kit is available for all clients and staff in the home;</li> <li>k. Clients have access to a working telephone; SOP (Emergency Operations / National Disasters)</li> <li>l. The client has access to a working flashlight or alternative light source; and SOP (Emergency Operations / National Disasters)</li> <li>m. Backup power source is in place for client's who receive life-sustaining treatments (i.e. ventilator).</li> </ul> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The provider regulates the water temperature at the residence: <ul style="list-style-type: none"> <li>a. The water temperature must be no higher than 120 degrees Fahrenheit;</li> <li>b. The provider checks the water temperature when the client moves into the household and at least once every three months thereafter; and</li> <li>c. The provider documents compliance with this requirement.</li> </ul> <b>Evaluator Comments:</b>  	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Corrective Actions:</b>		
4. _____ a. Flares / triangular reflector; b. First aid kit; c. Fire extinguisher. d. Blanket; and e. Flashlight. <a href="#">DDA Policy 6.05</a>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>		
<b>Corrective Actions:</b>		
5. The provider completes emergency drills at least once every three months and keeps documentation of the drills. SOP (Emergency Operations / National Disasters) SOP (On-Call Supervisory Cell Phone Use)		YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>		
<b>Corrective Actions:</b>		
6. Provider staff are aware of emergency contact protocol including contacting management, 911, parents, etc. SOP (Emergency Operations/National Disasters) SOP (On-Call Supervisory Cell Phone Use)		YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>		
<b>Corrective Actions:</b>		
EVALUATOR COMMENTS		

Section C. Client Services					
Standards		Program Compliance			
		YES	NO	P	N/A
1. Provider maintains documentation of community inclusion activities of client's choice <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider coordinates as needed with: a. The managed care organization; and b. The local school district to receive free and public education services. <a href="#">DDA Policy 6.05</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
3. The provider has sufficient staff available to meet client's assessed needs Person Centered Service Plan <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
4. Provider ensures that transportation needs are met. <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
5. Provider ensures funds (cash, including gift cards) held for clients are: a. Secure; b. Have a current running balance; c. Are reconciled monthly; d. Are verified or reconciled by a non-involved party. <a href="#">WAC 388-826-0071</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
6. Provider assists with medical needs: a. Provider assists clients to obtain annual dental and physical exams and documents the dates and outcomes of those visits;  		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>

<p>b. Provider assists clients with any follow-up medical and dental services, follow-up appointments, including emergency needs, without delay, and documents the dates and outcomes of those visits; SOP (Health and Safety of Program Participant)</p> <p>c. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and SOP (Responding to Client Emergencies)</p> <p>d. Seeks same-day medical evaluation for changes from baseline health presentation. SOP (Health and Safety of Program Participant)</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	
<p>7. Provider assists with medication needs of clients:</p> <p>a. Medications are stored in an area not readily available to others;</p> <p>b. Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given)e;</p> <p>c. Available MARS match client medications; <a href="#">WAC 388-826-0071</a></p> <p>d. Medication refusals are documented on MAR and addressed in a behavior plan if appropriate.</p>	<p>YES NO P N/A</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	
<p>8. Staff can identify the client's challenging behaviors and intervention strategies based upon the behavior support plan and the Person Centered Service Plan.</p>	<p>YES NO P N/A</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	
<p>9. Provider participates in DDA-facilitated comprehensive health and safety reviews at least every 90 days and maintains results in the record. <a href="#">WAC 388-826-0011</a></p>	<p>YES NO P N/A</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	
<p>10. The provider only serves clients over the age of 18 when:</p> <p>a. The client is pursuing a high school or equivalence course of study or vocational program; and</p> <p>b. The client can self-administer medication or they receive nurse delegation services. <a href="#">DDA Policy 6.05</a></p>	<p>YES NO P N/A</p> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<b>Evaluator Comments:</b>	
<b>Corrective Actions:</b>	
<b>EVALUATOR COMMENTS</b>	



Section D. Incident and Mandatory Reporting						
Standards			Program Compliance			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to the Division of Children, Youth, and Families when the client is under 18, and to DSHS' Adult Protective Services for clients age 18 to 21. <a href="#">DDA Policy 6.12</a> Incident Reporting <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per <a href="#">RCW 74.34</a> . SOP (Incident Reporting for Children's SOLA Program) <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDA. <a href="#">DDA Policy 6.12</a> , Incident Reporting <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS						

Section E. Records and Reports					
Standards		Program Compliance			
		YES	NO	P	N/A
1. The provider only serves clients over the age of 18 when: <ul style="list-style-type: none"> <li>a. Individual Instructions and Support Plan (IISP) which:               <ul style="list-style-type: none"> <li>i. Is person-centered;</li> <li>ii. Includes a risk summary;</li> <li>iii. Documents of habilitative goal progress;</li> <li>iv. Is reviewed at least every six months; and</li> <li>v. Specialized plans and protocols as applicable (e.g. Bowel Protocol, Seizure Tracking, Diet Texture, Applied Behavior Analysis, etc.).  <a href="#">DDA Policy 5.08</a>, IISP and Risk Summary</li> </ul> </li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
2. Provider has copies available on site of the following client plans: <ul style="list-style-type: none"> <li>a. Individual Education Plan;</li> <li>b. Shared Parenting Plan or Shared Planning form (clients 18 and older) per <a href="#">WAC 388-826-0041</a> and <a href="#">0070</a>, within 45 days after the client is placed:               <ul style="list-style-type: none"> <li>i. Person Centered Service Plan; and</li> <li>ii. Voluntary Placement Agreement per <a href="#">WAC 388-826-0040</a>.</li> </ul> </li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
3. Provider submits quarterly reports to DDA regarding client's care.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
4. Provider maintains documentation for each client: <ul style="list-style-type: none"> <li>a. Current property records for items (which are reviewed at least annually and updated):               <ul style="list-style-type: none"> <li>i. With a value of \$25 or more at move in; and</li> <li>ii. With a value of \$75 or more acquired after move-in.                    SOP (SOLA Participant Inventory)</li> </ul> </li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					

<p>5. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others. SOP (Confidentiality)</p> <p><b>Evaluator Comments:</b></p>	<p>YES   NO   P   N/A</p> <p><input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>
<p><b>Corrective Actions:</b></p>	
<p><b>Corrective Actions:</b></p>	
<p>EVALUATOR COMMENTS</p>	
<p>EVALUATOR COMMENTS</p>	

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. <a href="#">DDA Policy 5.14</a> , <a href="#">5.19</a> , <a href="#">5.20</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b> 		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A Functional Assessment and Positive Behavior Support Plan are in place when: <ol style="list-style-type: none"> <li>Challenging behaviors interfere with a client's ability to have positive life experiences, form and maintain relationships, learn new skills, or limits their ability to attend school and other community activities; and/or</li> <li>A client is taking psychotropic medications to reduce challenging behavior or treat symptoms of a mental illness; and/or</li> <li>The use of restrictive procedures are planned.</li> <li>There is evidence of data collection and monitoring of behavior support goals.</li> </ol> <a href="#">DDA Policy 5.19</a> , <a href="#">5.20</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b> 		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The Functional Assessment and Positive Behavior Support Plan are submitted to DDA for approval within 60 days of the identification of the challenging behaviors. <a href="#">DDA Policy 5.19</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b> 		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDA. <a href="#">DDA Policy 5.19</a> , <a href="#">5.20</a> <b>Evaluator Comments:</b>  <b>Corrective Actions:</b> 		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provider staff have taken physical intervention training prior to being authorized to use physical intervention techniques. <a href="#">DDA Policy 5.20</a> , Restrictive Procedures and Physical Interventions with Children and Youth <b>Evaluator Comments:</b> 		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Corrective Actions:**

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Section G. Quality Review						
Standards			Program Compliance			
1. The clients have adequate privacy in their bedrooms and sufficient space for personal belongings.			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>						
<b>Corrective Actions:</b>						
2. The provider is knowledgeable about the clients' preferences regarding the care provided.			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>						
<b>Corrective Actions:</b>						
3. The clients' individual privacy is respected.			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>						
<b>Corrective Actions:</b>						
4. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>						
<b>Corrective Actions:</b>						
5. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>						
<b>Corrective Actions:</b>						
6. The variety, type, and amount of food is sufficient for the client and to their liking.			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>						
<b>Corrective Actions:</b>						
7. There is a posting for Adult Protective Services and Child Protective Services contact information to report suspected abuse / neglect / exploitation.			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Evaluator Comments:**

[Yellow highlighted area]

**Corrective Actions:**

[Yellow highlighted area]

EVALUATOR COMMENTS

[Yellow highlighted area]