

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

PROVIDER'S NAME	
MAILING ADDRESS	
SITE ADDRESS	
PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER (INCLUDE AREA CODE)
CERTIFICATION LENGTH RECOMMENDATION BY PROVIDER QUALITY ASSURANCE SPECIALIST (24 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER
CERTIFICATION 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.

EVALUATOR'S SIGNATURE	DATE	PRINTED NAME
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**Participants**

<b>SOLA PROGRAM ADMINISTRATOR'S NAME</b>	<b>OUT-OF-HOME SERVICES RESOURCE MANAGER'S NAME</b>	<b>OUT-OF-HOME SERVICES COORDINATOR'S NAME</b>
<b>CHILDREN'S STATE OPERATED PROGRAM MANAGER'S NAME</b>	<b>CHILDREN'S RESIDENTIAL QUALITY ASSURANCE PROGRAM MANAGER'S NAME</b>	<b>PROVIDER QUALITY ASSURANCE SPECIALIST'S NAME</b>
<b>OTHER'S NAME AND ROLE</b>	<b>OTHER'S NAME AND ROLE</b>	<b>OTHER'S NAME AND ROLE</b>

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, owner-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 before allowing unsupervised access to clients;</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></p> <p><b>Evaluator Comments:</b></p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></p> <p><b>Corrective Actions:</b></p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></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 these 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; and <a href="#">WAC 388-829-0040</a></p> <p>d. Current blood-borne pathogens training, completed annually and within one year of the previous training; and</p> <p>e. Current Food Handlers permit. <a href="#">WAC 388-829-0050</a> / <a href="#">WAC 296-823-12005</a> / <a href="#">WAC 388-826-0074</a> <a href="#">WAC 388-101D-0090</a></p> <p><b>Evaluator Comments:</b></p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></p> <p><b>Corrective Actions:</b></p> <p style="background-color: yellow; height: 20px; margin-top: 5px;"></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>3. Provider maintains the following when participating in nurse delegation for clients receiving out-of-home services 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 388-826-0071</a></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>Evaluator Comments:</b> 									
<b>Corrective Actions:</b> 									
<p>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 upon hire and annually).  <a href="#">DDA Policy 6.12</a></p> <b>Evaluator Comments:</b> 	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Corrective Actions:</b> 									
<p>5. The Provider maintains a client rights policy.  <a href="#">RCW 71A.26</a></p> <b>Evaluator Comments:</b> 	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Corrective Actions</b> 									
<p>6. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department.  <a href="#">RCW 71A.26</a></p> <b>Evaluator Comments:</b> 	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Corrective Actions:</b> 									

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>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>					
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. Exteriors exits free from obstacles, barriers, or locked gate;</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. Working smoke and carbon monoxide alarms located in or near bedrooms and on each level of the home;</li> <li>g. Smoke detectors meet needs of clients' specialized needs, including any vision or hearing loss;</li> <li>h. There are fire extinguishers in the home that are serviced and accessible;</li> <li>i. A stocked first aid kit is available;</li> <li>j. A stocked disaster kit is available for all clients and staff in the home;</li> <li>k. A working telephone with 911 access is available to clients;</li> <li>l. The client has access to a working flashlight or alternative light source;</li> <li>m. Backup power source is in place for client's who receive life-sustaining treatments (i.e. ventilator).</li> <li>n. The water temperature is no higher than 120 degrees Fahrenheit; and</li> <li>o. The provider checks the water temperature at least once every month and documents compliance.</li> </ul> <p style="text-align: center;">SOP 205.08 Safety Checks</p> <b>Evaluator Comments:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>					
3. The state vehicles are furnished with car or booster seats in accordance with Washington Child Passenger Restraint law if applicable. <a href="#">RCW 46.61.687</a> <b>Evaluator Comments:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>					

<p>4. The provider completes and posts emergency evacuation plans and gas shut off instructions (if applicable).  SOP (On-Call Supervisory Cell Phone Use)</p> <p><b>Evaluator Comments:</b></p>	<p>YES NO P N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Corrective Actions:</b></p>	
<p>5. Provider staff are aware of emergency contact protocol including contacting management, 911, parents, etc.  205.07 Client Emergencies  SOP 203.4 After-Hours Supervisor Notification</p> <p><b>Evaluator Comments:</b></p>	<p>YES NO P N/A  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Corrective Actions:</b></p>	

Section C. Client Services					
Standards		Program Compliance			
		YES	NO	P	N/A
1. Provider offers clients the choice of daily schedule and community inclusion activities and maintains documentation. <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider supports clients enrolled in school by: <ul style="list-style-type: none"> <li>a. Supporting the client in regular school attendance, including following the school's reporting requirements when the client is absent or has an appointment during the school day;</li> <li>b. Attending all school-related meetings; and</li> <li>c. With the parent or legal guardian's consent, maintain regular communication with school representatives.</li> </ul> <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"/>
3. The provider has sufficient staff available to meet client's assessed needs according to the Children's SOLA Rate Assessment. <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider ensures that transportation needs are met. <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provider ensures client funds (cash, including gift cards) are managed for clients in accordance with their Individual Financial Plan, if one is in place. <b>Evaluator Comments:</b>  <b>Corrective Actions:</b>  		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provider ensures community inclusion funds are tracked, including: <ul style="list-style-type: none"> <li>a. Date of each activity;</li> <li>b. Cost of each activity; and</li> </ul>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>

<p>c. A running balance. <a href="#">WAC 388-826-0071</a></p> <p><b>Evaluator Comments:</b></p> <p><b>Corrective Actions:</b></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
<p>7. Provider assists with medical needs:</p> <p>a. Provider assists clients to obtain annual dental and physical exams and documents the dates and outcomes of those visits;</p> <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 206.01 Client Health Services and Support</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 205.07 Client Emergencies</p> <p>d. Seeks same-day medical evaluation for changes from baseline health presentation. SOP 206.01 Client Health Services and Support</p> <p><b>Evaluator Comments:</b></p> <p><b>Corrective Actions:</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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<p>8. 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);</p> <p>c. Available MARS match client medications; and</p> <p>d. Medication refusals are documented on MAR and addressed in a behavior plan if appropriate. SOP 206.01 Medication Accountability</p> <p><b>Evaluator Comments:</b></p> <p><b>Corrective Actions:</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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<p>9. 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><b>Evaluator Comments:</b></p> <p><b>Corrective Actions:</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> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<p>10. Provider participates in DDA-facilitated comprehensive 90-day health and safety reviews. <a href="#">90-Day Visit Form</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> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

<b>Corrective Actions:</b>				
11. The provider notifies DDA when a client over the age of 18 chooses not to pursue a high school or equivalence course of study or vocational program.	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>				
12. The provider develops and implements an Individual Financial Plan when the child and family engagement plan indicate support is needed for the client to acquire money management skills. <a href="#">WAC 388-826-0041</a> <a href="#">WAC 388-826-0042</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>				
13. The Individual Financial Plan:				
a. Is signed by the client's parent or legal guardian;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Includes client funds and income managed by the provider;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Includes funds and income managed by the client;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Includes funds and income managed by the representative payee;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Includes the types of accounts containing client funds;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Includes money management instruction or support provided to the client; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is reviewed with the client's parent or legal guardian at least every twelve months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>				
<b>Corrective Actions:</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. <a href="#">DDA Policy 6.12</a> Incident Reporting			YES	NO	P	N/A
<b>Evaluator Comments:</b> 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b> 						
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> and <a href="#">RCW 26.44</a> . SOP 205.03 Incident Reporting			YES	NO	P	N/A
<b>Evaluator Comments:</b> 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b> 						
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			YES	NO	P	N/A
<b>Evaluator Comments:</b> 			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b> 						

Section E. Records and Reports					
Standards		Program Compliance			
		YES	NO	P	N/A
1. An Individual Instructions and Support Plan (IISP) is in place, which: <ul style="list-style-type: none"> <li>a. Is available to staff when working with a client. The entire, current IISP is kept in the client's home either electronically or in hard copy;</li> <li>b. Includes, as part of the IISP or as a separate document, a risk summary. A hard copy of the risk summary is available to staff in the client's home at all times;</li> <li>c. Is completed within 30 days after the client begins receiving services from provider. Provider reviews IISP no more than 90 days after providing services to client;</li> <li>d. Documents the participation and written agreement of the client, and the client's legal representative if applicable;</li> <li>e. Includes the date developed, reviewed, or revised, and the name and signature of the person who prepared, reviewed, or revised the plan;</li> <li>f. Describes habilitation goals that the provider and client will work on together while the provider supports the client;</li> <li>g. Lists the instruction and support activities the provider will provide to the client and explain how those activities meet the assessed needs identified in the client's person-centered service plan;</li> <li>h. Describes other relevant support and service information; and</li> <li>i. Is reviewed at least six months and updated as necessary. The IISP must be updated if the client's needs change significantly, the client achieves their goals, or the client or the client's legal representative requests and update.</li> </ul> <p style="text-align: center;"><a href="#">DDA Policy 5.08</a>, <a href="#">WAC 388-826-0044</a></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
2. Provider participates in the development of the child and family engagement plan before the start of services and at each annual assessment. <p style="text-align: center;"><a href="#">WAC 833-826-0041</a></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
3. The provider maintains in the client record: <ul style="list-style-type: none"> <li>a. Individual Education Plan;</li> <li>b. Child and Family Engagement Plan;</li> <li>c. Person Centered Service Plan; and</li> <li>d. Out-of-home Services Acknowledgement.</li> </ul>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
4. Provider submits quarterly reports to DDA. <p style="text-align: center;"><a href="#">Residential Quarterly Report for Children's Residential Services (DSHS 15-564)</a></p>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Evaluator Comments:</b> 																	
<b>Corrective Actions:</b> 																	
<p>5. Provider maintains documentation for each client:</p> <p>a. Current property records for client-owned property (which are reviewed at least annually and updated):</p> <p>i. With a value of \$25 or more at move in; and</p> <p>ii. With a value of \$75 or more acquired after move-in.  SOP (SOLA Participant Inventory)</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> </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"/>
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<b>Corrective Actions:</b> 																	
<p>6. 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>	<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> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
YES	NO	P	N/A														
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
<b>Corrective Actions:</b> 																	

Section F. Restrictive Procedures					
Standards		Program Compliance			
<p>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.</p> <p style="text-align: center;"><a href="#">DDA Policy 5.14</a>, <a href="#">5.19</a>, <a href="#">5.20</a></p> <p><b>Evaluator Comments:</b></p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>					
<p>2. A Functional Assessment and Positive Behavior Support Plan are in place if one of the following applies:</p> <p>a. A client's person-centered service plan requires extensive supports to prevent emotional outburst, suicide attempts, sexual aggression, self-injury, property destruction, or assaults or injuries to others.</p> <p>b. The client and family team determines that a modification to an integrated setting requirement is necessary.</p> <p>c. A client is taking psychotropic medications, including PRN medications, to address target behaviors.</p> <p>d. The use of certain restrictive procedures are planned or used.</p> <p>e. The client transitions from an Evaluation and Treatment Facility, a psychiatric hospitalization, or a residential treatment facility.</p> <p>f. The client has had three or more emergency room visits or hospital admissions in a six-month period due to mental health or behavioral needs.</p> <p>g. The client is at risk of losing their residential provider due to target behaviors.</p> <p>h. Door or window alarms are used to monitor a client who presents a risk to themselves or others (e.g., lacks traffic skills, elopes, is physically or sexually assaultive).</p> <p>i. The client has a history of making threats or inflicting harm with items that need to be taken away or secured for safety due to being used as weapons (e.g., knives, matches, lighters).</p> <p>j. It is necessary to remove the client's property because it is being used to inflict injury on the client, others, or cause property damage. This includes restricting access to the client's personal belongings due to history of destructive behavior (e.g., storing clothing or art supplies outside a client's room). The PBSP must include a timeline and directions for when the property will be returned to the client.</p> <p style="text-align: center;"><a href="#">DDA Policy 5.19</a></p> <p><b>Evaluator Comments:</b></p>		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"/>
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		<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>Corrective Actions:</b>					
<p>3. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDA.</p> <p style="text-align: center;"><a href="#">DDA Policy 5.20</a></p> <p><b>Evaluator Comments:</b></p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>					

<p>4. All staff working with clients have taken physical intervention training prior to working unsupervised.</p> <p style="text-align: center;"><a href="#">DDA Policy 5.20</a>, Restrictive Procedures and Physical Interventions with Children and Youth</p> <p><b>Evaluator Comments:</b></p>	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Corrective Actions:</b>				

Section G. Quality Review					
Standards		Program Compliance			
		YES	NO	P	N/A
1. The clients have adequate privacy in their bedrooms and bathroom and sufficient space for personal belongings. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification must be captured in CARE and supported in the PCSP.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider is knowledgeable about the clients' preferences regarding the care provided.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The clients' individual privacy is respected.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. There is adequate security (i.e., locks, asking for identification before opening the door).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The client has access to balanced, nutritional food choices that reflect their personal preference.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. There is a posting for Child Protective Services contact information to report suspected abuse / neglect / exploitation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluator Comments:</b>					
<b>Corrective Actions:</b>					
<b>Additional comments regarding evaluation:</b>					