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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Intensive Habilitation Services for Children
Certification Evaluation

Contract Evaluation	
PROVIDER'S NAME	
MAILING ADDRESS	
PROVIDER EMAIL ADDRESS	
CERTIFICATION LENGTH RECOMMENDATION BY PROGRAM MANAGER (12 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) 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 Intensive Habilitation Services for Children program.

Required Signatures		
EVALUATOR'S SIGNATURE	PRINTED NAME	DATE
IHS PROGRAM ADMINISTRATOR'S SIGNATURE	PRINTED NAME	DATE
CHILDREN'S RESIDENTIAL SERVICES PROGRAM MANAGER'S SIGNATURE	PRINTED NAME	DATE
RESIDENTIAL QUALITY ASSURANCE PROGRAM MANAGER'S SIGNATURE	PRINTED NAME	DATE

Optional Evaluation		
OTHER SIGNATURE (ROLE)	PRINTED NAME	DATE
OTHER SIGNATURE (ROLE)	PRINTED NAME	DATE

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Section A. Provider Qualifications and Responsibilities																																	
Standards	Program Compliance																																
<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;</p> <p>e. Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;</p> <p>f. Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and</p> <p>g. Persons who live out of state have a current FBI fingerprint-based background check.</p> <p style="text-align: center;">DDA Policy 5.01, SOP 203.1</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> <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"/>	<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 requirement; WAC 388-829-0015</p> <p>b. 12 hours of Continuing Education per year; WAC 388-829-0085</p> <p>c. CPR and First Aid training completed within first 60 days of hire and kept current at least annually; and WAC 388-829-0040</p> <p>d. Blood-borne pathogens training within first 60 days of hire and kept current at least annually. WAC 388-829-0050 / 296-823-12005</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. Staff providing transportation have:</p> <p>a. A valid driver's license;</p> <p>b. Viewed the OFM Safe Driving Habits video; and</p> <p>c. Have a signed Employee Driver's Statement of Understanding, DSHS 03-427, included in their personnel file with their DSHS 03-380, Employee Annual Review Checklist.</p> <p style="text-align: center;">DDA Policy 6.05</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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<p>4. Provider maintains the following when participating in nurse delegation:</p> <p>a. Written instructions for performing the delegated task from the delegating RN;</p> <p>b. Documentation of nurse delegation visits including validation of nursing assistance registrations or certifications;</p> <p>c. Verification of nurse delegation credentials for delegated staff;</p> <p>d. A consent is in place, signed by the client or legal representatives; and</p> <p>e. Verification of nurse delegation training for staff.</p> <p style="text-align: center;">DDA Policy 6.15</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>5. 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).</p> <p style="text-align: center;">DDA Policy 6.12</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>6. The provider maintains a client rights policy.</p> <p style="text-align: center;">RCW 71A.26</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>7. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department.</p> <p style="text-align: center;">RCW 71A.26</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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Section B. Physical and Safety Requirements

Standards	Program Compliance			
	YES	NO	P	N/A
1. The condition of the home is:				
a. The exterior is in acceptable condition and free from hazards;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The yard and lawn are maintained; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The interior is clean and in sanitary condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

2. The provider ensure physical and safety requirements are met:	YES	NO	P	N/A
a. A furnished home environment including a private, furnished bedroom for each client;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Exit doors are easily accessible;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Windows are operational;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients' needs;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Flammable and combustible materials are stored safely;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Smoke detectors meet clients' specialized needs, including any vision or hearing loss;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. There is a fire extinguisher on each level of the home that is serviced and accessible;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. A stocked first aid kit is available;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. A stocked disaster kit is available for all clients and staff in the home;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Clients have access to a working telephone;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Clients have access to a working flashlight or alternative light source; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Backup power source is in place for client's who receive life-sustaining treatment (i.e. ventilator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP 205.3				

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

3. The provider regulates the water temperature at the residence:	YES	NO	P	N/A
a. The water temperature must be no higher than 120°F;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The provider checks the water temperature monthly; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The provider documents compliance with this requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP 205.08				

EVALUATOR COMMENTS

CORRECTIVE ACTION PLAN / TIMELINES

PROVIDER'S NAME	DATE																				
4. The state vehicles are furnished with an emergency road kit that includes: a. Flares / triangular reflector; b. First aid kit; c. Fire extinguisher; d. Blanket; and e. Flashlight DDA Policy 6.05	<table border="1"> <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> <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> </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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5. The provider completes fire drills at least once per shift per quarter, and fire evacuation drills once per shift per year and keeps documentation of the drills. Chapter 51-54A WAC	<table border="1"> <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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6. An evacuation plan is posted. SOP 205.3	<table border="1"> <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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7. Provider staff are aware of emergency contact protocol including contacting management, 911, parents, etc. SOP 205.3	<table border="1"> <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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Section C. Client Services																					
Standards	Program Compliance																				
1. The provider supports program participants for no longer than ninety consecutive days per admission. SOP 205.3	<table border="1"> <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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<p>2. For each client, the provider:</p> <p>a. Develops and implements a habilitation plan, which includes action items and how progress will be measured towards the family's identified goals.</p> <p>b. Develops a family training plan and schedule and documents all related activities;</p> <p>c. Develops a behavior intervention plan;</p> <p>d. Partners and consults with the family's behavior support provider, as appropriate;</p> <p>e. Documents school related activities and supports; and</p> <p>f. Documents participation in individualized team meetings.</p> <p style="text-align: center;">DDA Policy 4.07, SOP 207.05</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> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>3. Provider ensures that transportation needs are met while receiving the service.</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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CORRECTIVE ACTION PLAN / TIMELINES																													
<p>4. Provider assists clients with medical needs:</p> <p>a. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and</p> <p>b. Seeks same-day medical evaluation for changes from baseline health presentation.</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> </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"/>																
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<p>5. Provider assists with medication needs of clients:</p> <p>a. Medications are stored in a secure area;</p> <p>b. Medication log / Medication Administration Record (MAR) available (includes clients name, time and dosage of medication, and staff initials indicating medication given);</p> <p>c. Available MARs match client medication; and</p> <p style="text-align: center;">DDA Policy 6.19</p> <p>d. Medication refusals are documented on MAR.</p> <p style="text-align: center;">SOP 206.02</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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CORRECTIVE ACTION PLAN / TIMELINES																													

PROVIDER'S NAME	DATE																
6. Staff can respond to the client's challenging behaviors and intervention strategies using the behavior intervention plan.	<table border="1"> <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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CORRECTIVE ACTION PLAN / TIMELINES																	
7. Before a client is discharged, the provider gives the family or legal representative:	<table border="1"> <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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<ul style="list-style-type: none"> a. Data related to the family's identified goals, including goal progression charts, and the habilitation plan; b. A copy of the Medication Administration Record (MAR); c. The client's personal property inventory; and d. An Intensive Habilitation Services (IHS) discharge report. <p style="text-align: center;">DDA Policy 4.07, SOP 207.05</p>	<table border="1"> <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> </table>	<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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CORRECTIVE ACTION PLAN / TIMELINES																	
8. Before a client is discharged, the provider:	<table border="1"> <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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<ul style="list-style-type: none"> a. Works with the family to coordinate pharmacy transfer for client medications; and b. Inventories personal belongings. <p style="text-align: center;">DDA Policy 4.07, SOP 207.05</p>	<table border="1"> <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> </table>	<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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EVALUATOR COMMENTS																	
CORRECTIVE ACTION PLAN / TIMELINES																	
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 Department of Children, Youth, and Families when the client is under 18, and to DSHS' Adult Protective Services for clients age 18 to 21.	<table border="1"> <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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<p style="text-align: center;">DDA Policy 6.12</p>																	
EVALUATOR COMMENTS																	
CORRECTIVE ACTION PLAN / TIMELINES																	
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 or RCW 26.44.	<table border="1"> <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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EVALUATOR COMMENTS																	

PROVIDER'S NAME	DATE																																				
CORRECTIVE ACTION PLAN / TIMELINES																																					
3. Provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Even Report to DDA. DDA Policy 6.12	<table border="1"> <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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EVALUATOR COMMENTS																																					
CORRECTIVE ACTION PLAN / TIMELINES																																					
Section E. Records and Reports																																					
Standards	Program Compliance																																				
1. The provider maintains the client's referral packet, which includes: <ul style="list-style-type: none"> a. Consent, DSHS 14-012; b. Intensive Habilitation Services (IHS) for Children Application, Eligibility, and Referral form, DSHS 13-902; c. DDA Assessment; d. School evaluation; e. Health and medical information; f. Individualized Education Program; g. Wraparound team care plan if applicable; h. Current medications and dosages; and i. Any court-approved shared parenting plan that delineates decision-making authority, if applicable. DDA Policy 4.07	<table border="1"> <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> <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> <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> </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"/>	<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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EVALUATOR COMMENTS																																					
CORRECTIVE ACTION PLAN / TIMELINES																																					
2. Provider maintains documentation for each client: <ul style="list-style-type: none"> a. Current property records for items (which are reviewed and updated as needed); b. With a value of \$25 or more at intake; and c. With a value of \$75 or more for non-consumable items purchases during the stay. SOP 202.2	<table border="1"> <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> <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> </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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CORRECTIVE ACTION PLAN / TIMELINES																																					
3. Provider has written releases of information signed by the client or their legal representative (as applicable). SOP (Confidentiality)	<table border="1"> <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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EVALUATOR COMMENTS																																					

PROVIDER'S NAME		DATE					
CORRECTIVE ACTION PLAN / TIMELINES							
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 5.14, 5.20, 5.21				YES	NO	P	N/A
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS							
CORRECTIVE ACTION PLAN / TIMELINES							
2. A Functional Assessment and Positive Behavior Support Plan are in place when:				YES	NO	P	N/A
a. 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				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A client is taking psychotropic medications to reduce challenging behavior or treat symptoms of a mental illness; and/or				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The use of restrictive procedures are planned.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is evidence of data collection and monitoring of behavior support goals. DDA Policy 5.21				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS							
CORRECTIVE ACTION PLAN / TIMELINES							
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. DDA Policy 5.19				YES	NO	P	N/A
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS							
CORRECTIVE ACTION PLAN / TIMELINES							
4. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDA. DDA Policy 5.20				YES	NO	P	N/A
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS							
CORRECTIVE ACTION PLAN / TIMELINES							
5. Staff are trained in positive behavior support and de-escalation techniques and work directly with the client in identifying challenging behaviors and the function of those behaviors.				YES	NO	P	N/A
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER'S NAME	DATE								
EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
6. Provider staff have taken physical intervention training prior to being authorized to use physical intervention techniques. DDA Policy 5.20	<table border="1"> <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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EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
Section G. Quality Review									
Standards	Program Compliance								
1. The clients have adequate privacy in their bedrooms and sufficient space for personal belongings.	<table border="1"> <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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EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
2. The provider is knowledgeable about the clients' preferences regarding the care provided.	<table border="1"> <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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EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
3. The clients' individual privacy is respected.	<table border="1"> <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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EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
4. The provider shows respect for the clients (e.g. addressing individuals in the first person using their name when addressing them).	<table border="1"> <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"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
5. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).	<table border="1"> <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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PROVIDER'S NAME	DATE								
EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
6. The variety, type, and amount of food is sufficient for the client and to their liking.	<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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EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
7. There is a posting for Adult Protective Services and Child Protective Services contact information to report suspected abuse / neglect / exploitation.	<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"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN / TIMELINES									
8. Feedback from client satisfaction surveys is generally positive.	<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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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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