

PROVIDER'S NAME	DATE
-----------------	------



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Stabilization, Assessment, and Intervention Facility (SAIF) Certification Evaluation

PROVIDER'S NAME	
MAILING ADDRESS	
PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER
EVALUATION LENGTH RECOMMENDATION BY PROGRAM MANAGER (12 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) UNIT MANAGER
EVALUATION PERIOD to	NEXT REVIEW DATE (FILLED OUT BY QA UNIT MANAGER)

The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated Stabilization Assessment and Intervention Facility (SAIF).

EVALUATOR'S SIGNATURE	DATE	PRINTED NAME
------------------------------	------	--------------

Participants

SAIF PROGRAM ADMINISTRATOR'S NAME	DDA PROGRAM MANAGER'S NAME	DDA RESIDENTIAL QA PROGRAM MANAGER'S NAME
OTHER NAME AND ROLE	OTHER NAME AND ROLE	OTHER NAME AND ROLE
OTHER NAME AND ROLE	OTHER NAME AND ROLE	OTHER NAME AND ROLE

PROVIDER'S NAME	DATE																																
Section A. Provider Qualifications and Responsibilities																																	
Standards	Program Compliance																																
<p>1. All provider staff meet the following qualifications:</p> <p>a) Are age 18 or older;</p> <p>b) Have a high school diploma or GED; and</p> <p>c) Have a valid food worker's card under Chapter 246-217 WAC. WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>																
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"/>																														
<p>2. 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 action;</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. DDA Policy 5.01, WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>
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"/>																														
<p>3. 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; 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> <p>e) Crisis intervention training; and WAC 388-847-0120</p> <p>f) Trauma-informed care training.</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"/>				
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"/>																														

PROVIDER'S NAME	DATE																								
<p style="text-align: center;">WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>																									
<p>4. 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 03-247, 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> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>								
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"/>																						
<p>5. 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 90-day visits including validation of nursing assistant 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, WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>
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"/>																						
<p>6. The provider has a signed copy of <i>Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult</i>, form DSHS 10-403, on reporting requirements on file (required annually).</p> <p style="text-align: center;">DDA Policy 6.12</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>																						
<p>7. The provider maintains a client rights policy.</p> <p style="text-align: center;">RCW 71A.26</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>																						
<p>8. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department.</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"/>																						

PROVIDER'S NAME	DATE
<p style="text-align: center;">RCW 71A.26</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	

PROVIDER'S NAME	DATE
-----------------	------

Section B. Physical and Safety Requirements

Standards	Program Compliance			
	YES	NO	P	N/A
1. The program's fixtures, furnishings, exterior, and interior, including the client's bedroom, are maintained in a safe manner and free from hazards. WAC 388-847-0160 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	<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"> a) Each client's private bedroom has: <ul style="list-style-type: none"> 1) A bed, mattress, pillow, and linens; 2) A closet or other place for storing personal items; 3) A window or door that allows for emergency exit; 4) Unrestricted access to common areas; and 5) Space for a mobility aid, such as a wheelchair or walker. WAC 388-847-0160 b) Cleaning supplies, flammables, and other combustible materials are inaccessible and properly stored; c) Smoke detector and carbon monoxide detectors installed in every client's bedroom and on every floor of the facility; d) Smoke detectors and carbon monoxide detectors are in working condition and address the needs of clients who are deaf or hard of hearing; e) Fire extinguishers are located throughout the facility as prescribed by the local fire marshal; f) Each fire extinguisher is installed according to manufacturer recommendations, annually replaced or inspected and serviced, in working condition, and readily available for use; g) A stocked first aid kit is available; h) A stocked disaster kit is available for all clients and staff in the home; i) Clients have access to a working telephone; j) Clients have access to a working flashlight or alternative light source; k) Backup power source is in place for clients who receive life-sustaining treatment (e.g., ventilator); and l) Bodies of water are fenced and checked at least once per week for hazards. SOP 205.11 , WAC 388-847-0050 , WAC 388-847-0190 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	<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"> a) The water temperature must be no higher than 120 degrees Fahrenheit; b) The provider checks the water temperature monthly; and c) The provider documents compliance with this requirement. WAC 388-847-0180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROVIDER'S NAME	DATE																								
EVALUATOR COMMENTS																									
CORRECTIVE ACTION PLAN / TIMELINES																									
<p>4. The state vehicles are furnished with an emergency road kit that includes:</p> <ul style="list-style-type: none"> a) Flares / triangular reflector; b) First aid kit; c) Fire extinguisher; d) Blanket; and e) Flashlight. <p style="text-align: center;">SOP 205.5</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="0"> <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"/>
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"/>																						
<p>5. There is an emergency response plan in place that:</p> <ul style="list-style-type: none"> a) Includes fire drills; b) Is practiced with clients at least once per month; c) Is documented and maintained by the provider, including documentation if a client chooses to not participate in a drill. <p style="text-align: center;">WAC 388-847-0170, WAC 388-847-0210, WAC 388-847-0240</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="0"> <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"/>								
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"/>																						
<p>6. Provider staff are aware of emergency contact protocol including contacting management, 911, family, legal representative, etc.</p> <p style="text-align: center;">SOP 205.09</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="0"> <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"/>																						
<p>7. Provider has infection control protocol in place that:</p> <ul style="list-style-type: none"> a) Provides staff with the supplies necessary for limiting the spread of infections; b) Restricts a staff person's contact with clients when the staff person has an illness that is likely to spread in the course of service delivery; and c) Reports communicable diseases as required under Chapter 246-100 WAC. <p style="text-align: center;">WAC 388-847-0250</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="0"> <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"/>								
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"/>																						

PROVIDER'S NAME	DATE
Section C. Client Services	
Standards	Program Compliance
1. The provider supports program participants for no longer than 90 days. WAC 388-947-0020 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The provider provides the following to all clients: a) Three meals per day plus snacks; b) Toiletries and personal care items; c) Bedding and towels; d) Access to laundry facilities; e) Access to a telephone; f) Opportunities for accessing the community; and g) Transportation to necessary appointments or services. WAC 388-847-0050 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	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"/>
3. For each client, the provider, in collaboration with the individualized team: a) Supports the client to stabilize target behaviors so they can return to their residential service provider; b) Develops and implements a habilitation plan to address the client's short-term goals and desired outcomes; c) Develops a transition plan that ensures that techniques the client has learned are understood by the individualized team; and d) Coordinates with the client's residential service provider to maintain community supports (e.g., employment, healthcare provider, school). DDA Policy 4.25 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	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"/>
4. Provider assists client with medical needs: a) Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and b) Seeks same-day medical evaluation for changes from baseline health presentation. EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	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"/>
5. Provider assists with medication needs of clients: EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROVIDER'S NAME	DATE								
Section D. Incident and Mandatory Reporting									
Standards	Program Compliance								
<p>1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and DDA.</p> <p style="text-align: center;">DDA Policy 6.12</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<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"/>						
<p>2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34.</p> <p style="text-align: center;">DDA Policy 6.12</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<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"/>						
<p>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.</p> <p style="text-align: center;">DDA Policy 6.12</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<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"/>						

PROVIDER'S NAME	DATE																																								
Section E. Records and Reports																																									
Standards	Program Compliance																																								
<p>1. The provider keeps the following information in a client's record:</p> <ul style="list-style-type: none"> a) The client's name, address, and Social Security number; b) The name, address, and telephone number of the client's legal representative; c) Progress notes and incident reports involving the client; d) The client's behavior support plan; e) Copies of current medical and psychiatric diagnoses; f) A list of the client's medications and indications for medications used; g) Allergies; h) Portable orders for life sustaining treatment (if established); and i) A list of the clients' current medical, behavioral, and hospital providers <p style="text-align: center;">WAC 388-847-0210</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>																																						
<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"/>																																						
<p>2. Provider supports clients with managing funds by:</p> <ul style="list-style-type: none"> a) Creating a spending plan at intake; b) Ensuring client cash does not exceed \$75; c) Securing and counting funds each shift; d) Recording purchases in a ledger; e) Maintaining receipts; f) Treating gift cards like cash; and g) Reconciling cash and gift card ledgers monthly. <p style="text-align: center;">SOP 202.03</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>								
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"/>																																						
<p>3. Provider maintains a property record for each client which includes:</p> <ul style="list-style-type: none"> a) A descriptive lists of items with a fair market value of \$75 or more that the client owned when entering the program; b) A descriptive list of items with an original purchase price of \$75 or more that the client acquired while residing at the SAIF program; and c) A date, explanation, and verification of notification to the client's legal representative for any item with a fair market value of \$75 or more that is removed from the client's property record. <p style="text-align: center;">SOP 202.2</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</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"/>																								
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"/>																																						

PROVIDER'S NAME	DATE								
<p>4. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others.</p> <p style="text-align: center;">DDA Policy 4.25</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<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"/>						

PROVIDER'S NAME	DATE
-----------------	------

Section F. Restrictive Procedures

Standards	Program Compliance			
<p>1. Only the least restrictive procedures needed to adequately protect the client, others, or property shall be used. Restrictive procedures must be terminated as soon as the need for protection is over.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p style="background-color: #ffffcc; height: 20px;"> </p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p> <p style="background-color: #ffffcc; height: 20px;"> </p>	YES	NO	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The provider develops a functional assessment for each client that is based on two or more of the following:</p> <p>a) Direct observation;</p> <p>b) An interview with anyone who has personal knowledge of the client;</p> <p>c) A questionnaire; or</p> <p>d) A record review.</p> <p>EVALUATOR COMMENTS</p> <p style="background-color: #ffffcc; height: 20px;"> </p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p> <p style="background-color: #ffffcc; height: 20px;"> </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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The functional assessment describes:</p> <p>a) The target behavior;</p> <p>b) The target behavior's apparent function; and</p> <p>c) Client history and antecedents pertinent to the target behavior.</p> <p style="text-align: center;">WAC 388-847-0080</p> <p>EVALUATOR COMMENTS</p> <p style="background-color: #ffffcc; height: 20px;"> </p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p> <p style="background-color: #ffffcc; height: 20px;"> </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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. The provider develops a behavior support plan for each client and describes:</p> <p>a) The target behavior;</p> <p>b) Actions that may be taken to prevent the target behavior;</p> <p>c) Actions that may be taken in response to the target behavior;</p> <p>d) Actions that may be taken if the target behavior increases in frequency, duration, intensity, or impact;</p> <p>e) The replacement behavior that matches the target behavior's function;</p> <p>f) How to teach the replacement behavior;</p> <p>g) How to respond to the replacement behavior; and</p> <p>h) Benchmarks to evaluate the behavior support plan's effectiveness.</p> <p style="text-align: center;">WAC 388-847-0090</p> <p>EVALUATOR COMMENTS</p> <p style="background-color: #ffffcc; height: 20px;"> </p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p> <p style="background-color: #ffffcc; height: 20px;"> </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"/>
	<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"/>

PROVIDER'S NAME	DATE			
<p>5. The provider collects data on the target behaviors:</p> <ul style="list-style-type: none"> a) Frequency, data, and impact; b) Analyzes the data collected at least every 30 days to determine the effectiveness of the behavior support plan; and c) Revises the behavior support plan as needed, or documents reasons revision is not indicated. <p style="text-align: center;">WAC 388-847-0090</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	YES	NO	P	N/A
<p>6. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows:</p> <ul style="list-style-type: none"> a) Written approval of the client and/or legal representative for any strategies requiring Exception to Policy or involving physical or mechanical restraints; and b) Documentation of approval on DSHS 15-385, Consent for Use of Restrictive Procedures Requiring an ETP that lists the risks of the target behavior, explains why less restrictive procedures are not recommended, indicates alternatives to the recommendation, and provides space for the client and their legal representative to write their comments and opinions regarding the plan. <p style="text-align: center;">DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	YES	NO	P	N/A
<p>7. An incident report must be submitted to the DDA Case Resource Manager for:</p> <ul style="list-style-type: none"> a) An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention; b) A restrictive procedure is implemented under emergency guidelines; and c) A client's animal or pet is abused or neglected. <p style="text-align: center;">DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	YES	NO	P	N/A
<p>8. Providers using physical interventions must also follow the direction described in DDA Policy 5.17, Use of Physical Intervention Techniques and avoid using any interventions prohibited by DDA.</p> <p style="text-align: center;">DDA Policy 5.17, DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	YES	NO	P	N/A
<p>9. Provider staff have taken physical intervention training prior to being authorized to use physical intervention techniques.</p>	YES	NO	P	N/A

PROVIDER'S NAME	DATE
<p data-bbox="485 201 683 233" style="text-align: center;">DDA Policy 5.20</p> <p data-bbox="107 243 370 268">EVALUATOR COMMENTS</p> <p data-bbox="107 323 526 348">CORRECTIVE ACTION PLAN / TIMELINES</p>	

PROVIDER'S NAME	DATE
-----------------	------

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
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES				
2. The provider is knowledgeable about the clients' preferences regarding the care provided.	YES	NO	P	N/A
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES				
3. The clients' individual privacy is respected.	YES	NO	P	N/A
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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).	YES	NO	P	N/A
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES				
5. There is adequate security (i.e., locks, peep holds, asking for identification before opening the door).	YES	NO	P	N/A
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES				
6. The variety, type, and amount of food is sufficient for the client and to their liking.	YES	NO	P	N/A
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	YES	NO	P	N/A
EVALUATOR COMMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES				

PROVIDER'S NAME	DATE								
<p>8. Feedback from client satisfaction surveys is generally positive.</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table> <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"/>						