



Home and Community Living Administration
**Children's Residential Habilitation Services
Certification Evaluation**

Date

Provider Name

Mailing Address

Site Address

Contract Number and End Date (if applicable)

☐ Check this box if the provider is a Children's State-Operated Living Provider.

Provider Email Address

Provider Phone Number

Certification Length Recommendation by HCLA / DDCCS
Representative (24-month maximum)

**Certification Monitoring Length Approved by HCLA
Quality Assurance Office**

Certification Evaluation Period

**Next Review Date (filled out by HCLA Quality
Assurance Office)**

Evaluator Visit Date(s)

The evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated
Children's Residential Habilitation program.

Evaluator's Signature

Date

Printed Name

Participants

CHILDREN'S RESIDENTIAL AND
STABILIZATION SERVICES UNIT MANAGER
NAME

CHILDREN'S RESIDENTIAL QUALITY
ASSURANCE PROGRAM MANAGER NAME

CHILDREN'S RESIDENTIAL SERVICES
RESOURCE MANAGER NAME

OHS PROGRAM MANAGER NAME

CHILDRENS SPECIALIZED RESIDENTIAL
HABILITATION PROGRAM MANAGER NAME

OTHER NAME AND ROLE

OTHER NAME AND ROLE

OTHER NAME AND ROLE

OTHER NAME AND ROLE

Provider supported the following client types during evaluation review period:

- ☐ Enhanced Out-of-home Services
- ☐ Out-of-home Services
- ☐ Residential Habilitation for Dependent Youth

Sample:

- Client sample (total)
- Client initials from sample (no names)
- Staff sample
- Staff initials from sample (no names)

Section A. Provider Qualifications and Responsibilities

Standards	Program Compliance			
	Yes	No	P	N/A
<p>1. Background checks:</p> <ul style="list-style-type: none">a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;b. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;c. Children's SOLA provider only: 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;d. Are renewed at least every three years;e. A person who has resided fewer than three continuous years in Washington State must have fingerprint-based background check; andf. Persons who live out of state have a current FBI fingerprint-based background check. <p>Policy 5.01, WAC 388-825-605, WAC 388-825-610, WAC 388-825-620, WAC 388-825-645</p>	<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"/>
<p>Evaluator Comments:</p>				
<p>Corrective Actions:</p>				
<p>2. The provider and their employees meet these training requirements:</p> <ul style="list-style-type: none">a. 75 hours certificate (if applicable);b. 12 hours of Continuing Education per year;c. CPR and First Aid training completed and kept current;d. Current blood-borne pathogens training;e. Client-specific training based on the individual instruction and support plan;f. Nurse delegation training if the client needs delegation and criteria are met under WAC 246-840-930;g. 30 minutes of training to direct care staff on new or updated Positive Behavior Support Plans; and Policy 5.19h. Children's SOLA provider only: Current food worker card. <p>OHS WAC 388-826-0360, OHS WAC 388-826-0380, RHDY WAC: 388-842-0045, RHDY WAC 388-842-0040, 388-829 WAC</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>Evaluator Comments:</p>				

Corrective Actions:					
3. The Provider has a current signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee contractor, and volunteer. <u>DDA Policy 6.12</u>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					
4. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievance to the department. <u>RCW 71A.26</u>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					
5. Provider maintains the following when participating in nurse delegation: <ul style="list-style-type: none"> a. Written instructions for performing the delegated task from the delegating RN; WAC 246-840-930 b. Documentation of nurse delegation 90-day visits; c. A consent is in place, signed by the client or legal representatives; d. Verification of nurse delegation training for staff; and e. Delegable staff have a current Nursing Assistant-Registered (NA-R), Nursing Assistant-Certified (NA-C), or Home Care Aid – Certified (HCA-C). <u>OHS WAC 388-826-0590</u> , RHDY WAC 388-842-0180, Policy 6.15 Nurse Delegation Services		Yes	No	P	N/A
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Evaluator Comments:					
Corrective Actions:					
6. Specialized training (Enhanced Out of Home Services Only) Provider completes three trainings by month three, the next two trainings by month six, and completion of all eight trainings within 12 months of employment including: <ul style="list-style-type: none"> a. De-escalation; b. Basics of Mental Health and Youth with Intellectual Disabilities; c. Autism; d. Crisis Prevention Intervention; e. Behavior Support; f. Challenging Behaviors; g. Trauma Informed Care and how it applies to Youth; and 		Yes	No	P	N/A
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h. Familiarity with evidence-based practices with youth, i.e., Restorative Based Practices, Dialectical Behavior Therapy. CONTRACT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:	
Corrective Actions:	
Section B. Physical and Safety Requirements	
Standards	Program Compliance
1. The provider maintains compliance with the following safety requirements:	Yes No P N/A
a. The common areas of the home are unrestricted;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. All entrances and exits are unblocked;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. The home is maintained in a safe and healthy manner;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d. The home has a storage area for flammable and combustible;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. The home has a stocked first-aid kit;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
f. The home has a working and accessible telephone;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
g. The home has a working and accessible flashlight or alternative light source;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
h. Emergency contact information is available and accessible in the home (e.g., 911, poison control, nonemergency 911, Adult Protective Services, Child Protective Services);	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
i. The contact information in for the Developmental Disabilities Ombuds is available and accessible in the home;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
j. The water temperature in the home is 120° F or less and documented monthly;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
k. There is a safety plan for any body of water more than 24 inches deep at the home;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
l. The home has an evacuation plan and an emergency food and water supply;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
m. The home meets integrated setting requirements under WAC 388-823-1096 ; and	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
n. The home has a backup power source (e.g., generator, battery pack) if the provider supports a client who uses life sustaining medical equipment. OHS: WAC 388-826-0350 , RHDY: WAC 388-842-0060	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Evaluator Comments:	
Corrective Actions:	
2. The provider has infection control practices in place, including:	Yes No P N/A
a. Written policies and procedures about the control of infections. These must include, but are not limited to:	
i. Isolation of sick individuals;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ii. Germ control procedures;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iii. Hygiene, including hand-washing, toileting, and laundering;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
iv. Prevention of the transmission of communicable diseases including management and reporting;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
v. First Aid;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vi. Care of minor illness;	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
vii. Actions to be taken for medical emergencies; and	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
viii. General health practices.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<p>j. Fire extinguishers are:</p> <ul style="list-style-type: none"> i. Mounted in a bracket or in a fire extinguisher cabinet so that the top of the extinguisher is no more than five feet above the floor; and ii. Annually maintained and certified by a licensed firm specializing in this work, based on the manufacturer's recommended schedule. <p>OHS: WAC 388-826-0470, OHS WAC 388-826-0350, RHDY: WAC 388-842-0110, RHDY WAC 388-842-0060</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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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<p>5. Provider meets emergency evacuation plan requirements including:</p> <ul style="list-style-type: none"> a. Displaying an emergency evacuation plan in the common area on every floor of the home which includes: <ul style="list-style-type: none"> i. A floor plan of the home with clearly marked exits; ii. Emergency evacuation routes; iii. The location for the clients to meet outside of the home; and iv. A description of the type of assistance that will be provided if, a client requires assistance during an evacuation. b. Ability to evacuate all clients to a safe location outside the home. <p>OHS: WAC 388-826-0420, RHDY WAC 388-842-0075</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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>6. Provider maintains requirements for storing chemicals and other substances:</p> <ul style="list-style-type: none"> a. Safely secures cleaning supplies, flammables, and other combustible materials, toxic or poisonous substances, and aerosols; and c. Clearly labels the container if a container is filled with a toxic substances from a bulk supply. <p>OHS: WAC 388-826-0430, RHDY WAC 388-842-0080</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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>7. Provider maintains requirements for storing medication:</p> <ul style="list-style-type: none"> a. In a locked container, such as a lockbox; b. Separate from food and toxic chemicals; c. Under proper conditions for sanitation, temperature, and ventilation; d. In the original medication container with the pharmacist-prepared or manufacturer's label, which includes the: <ul style="list-style-type: none"> i. Name of the client for whom the medication is prescribed; ii. Name of the medication; iii. Dosage and frequency; and iv. Applies to RHDY only: Route each medication is to be administered. 	<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>e. In a medication organizer if the medication organizer was prepared by a pharmacist or registered nurse; and</p> <p>f. Life-saving medications must be accessible in an emergency.</p> <p>WAC 388-826-0440, RHDY WAC: 388-842-0085</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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<p>8. Provider follows the Food and Drug Administration's guidelines on proper disposal of medication:</p> <p>a. When disposing of a client's medication, the provider lists:</p> <ul style="list-style-type: none"> i. Client's name; ii. Medication name; iii. Amount disposed; and iv. Date of disposal. <p>b. Two people verify the disposal by signature.</p> <p>WAC 388-826-0450, RHDY: WAC 388-842-0090, Policy 6.19</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>Evaluator Comments:</p>																									
<p>Corrective Actions:</p>																									
<p><input type="checkbox"/> N/A – No medication refusals.</p> <p>9. Provider responsibilities if a client refuses prescribed medication:</p> <ul style="list-style-type: none"> a. Document the refusal, including the time, date, and medication refused; b. Inform the client of the benefits of the medication; c. Consult a pharmacist or licensed medical provider with prescription authority to determine if medication refusal could significantly harm the client; d. If recommended, continue to offer the medication following consultation; and e. Inform the client's parent or legal representative of the refusal and any reasons for the refusal if shared by the client. <p>OHS: WAC 388-826-0460, RHDY: WAC 388-842-0095</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>Evaluator Comments:</p>																									
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<p>10. Provider meets facility requirements including:</p> <ul style="list-style-type: none"> a. Maintenance of buildings, premises, and equipment in a clean and sanitary condition, free of hazards, and in good repair; b. Installing handrails for steps, stairways, and ramps if identified as a safety need; c. Appropriate furnishings, based on the age and activities of the client supported; d. Washable, water-resistant floors in bathrooms, kitchens, and other rooms exposed to moisture. (Washable short-pile carpeting may be approved in kitchen areas if kept clean and sanitary.); e. Tamper-proof or tamper-resistant electrical outlets or blank covers installed in areas accessible to clients who might be endangered by access to them; 	<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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f. Easy access to the outdoors and rooms occupied by children in case an emergency arises;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Non-breakable light fixture covers or shatter-resistant light bulbs or tubes in food preparation and dining areas;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Adequate indoor and outdoor space, ventilation, light, and heat to ensure the health and comfort of all members of the household;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The bathroom facilities have:				
i. Toilets, urinals, and handwashing sinks appropriate to the height for the clients supported, or have a safe and easily cleaned step stool or platform that is water-resistant; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Soap and clean towels, disposable towels, or other approved hand-drying devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The cleanliness and care of the premises meets generally accepted health standards for the storage and preparation of food;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Reasonable attempts to keep the premises free from pests, such as rodents, flies, cockroaches, fleas, and other insects using the least toxic methods;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Has an immediate plan to address hazardous conditions on the property or in the facility;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Accessibility to emergency vehicles and the address is clearly visible on the facility or mailbox so that first responders can easily find the facility;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Being located on a well-drained site, free from hazardous conditions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Utility rooms with mop sinks that do not have windows opening to the outside are ventilated with a mechanical exhaust fan to the outside of the building; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. The use of window blinds or other window coverings with pull cords capable of forming a loop and posing a risk of strangulation to children are prohibited under RCW 43.216.380.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-826-0480 , RHDY: WAC 388-842-0115				
Evaluator Comments:				
Corrective Actions:				
Section C. Client Services				
Standards	Program Compliance			
1. Provider responsibilities:	Yes	No	P	N/A
a. Ensure the health and safety of the client;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Provide adequate staff to meet the needs of clients as identified in the rate assessment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Develop and implement an Individual Instruction and Support Plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Complete quarterly reports as outlined under WAC 388-826-0520;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Support the client in regular school attendance, including following the school's reporting requirements when the client is absent or has an appointment during the school day;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Maintain regular communication with school representatives and attend school-related meetings;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participate in the client's Individualized Education Program and collaborate with the school and parent or legal representative to ensure timely and continuous access to a free and appropriate public education in the least restrictive environment;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Maintain regular communication with the client's parent or legal representative;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> i. Develop and practice evacuation plans in case of fire, natural disaster, or other emergencies in accordance with WAC 388-826-0420; j. Maintain a client rights policy in accordance with chapter 71A.26 RCW; k. Request an assessment for nurse delegation if the client needs medication administration; and l. If provider receives funding for community inclusion activities for the client, the provider must: <ul style="list-style-type: none"> i. Discuss and schedule community inclusion activity options with the client; and ii. Track, and make available to DDOS upon request, the client's participation in community inclusion activities, including: <ul style="list-style-type: none"> (1) Date of each activity; (2) Cost of each activity; and (3) A running balance of the client's community inclusion activities funds. m. Applies to RHDY only: Support and assist client with requested or needed DCYF case-specific communications. 	<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> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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>OHS WAC: 388-826-0590, RHDY WAC: 388-842-0180</p>																																	
<p>Evaluator Comments:</p>																																	
<p>Corrective Actions:</p>																																	
<p>2. Provider maintains:</p> <ul style="list-style-type: none"> a. Business automobile insurance policy on service provider owned vehicles used to transport clients; b. Non-owned vehicle insurance coverage for vehicles not owned by the service provider but used to transport clients; and c. Record of valid drivers licenses for service providers, employees, subcontractors, and volunteers who transport clients. <p>WAC 388-101D-0165</p>	<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </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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<p>Section D. Incidents and Mandatory Reporting</p>																																	
<p>Standards</p>	<p>Program Compliance</p>																																
<p>1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to the Division of Children, Youth, and Families.</p> <p>DDA Policy 6.12 Incident Reporting</p>	<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </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>Evaluator Comments:</p>																																	
<p>Corrective Actions:</p>																																	
<p>2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 and RCW 26.44.</p>	<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </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>Evaluator Comments:</p>																																	

Corrective Actions:					
3. The provider reported all incidents to DDCS and the client's legal representative, in accordance with HCLA Policy 6.12. This includes submitting the General Event Report to DDCS. <u>HCLA Policy 6.12, Incident Reporting</u>		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:					
Corrective Actions:					
Section E. Records and Reports					
Standards		Program Compliance			
1. The provider has a current services acknowledgement on file for each client that: <ul style="list-style-type: none"> a. Has been signed by each client's parent, or legal representative and the provider designee (can be signed by client if they are 18 or older) b. Includes: <ul style="list-style-type: none"> i. Integrated setting requirements under 42 C.F.R. 441.301(c)(4); ii. The rights and responsibilities of the parent or legal representative iii. If DSHS and DDCS are offering services through Medicaid or Roads to Community Living; iv. Services provided are voluntary and can be terminated at any time and include termination requirements for the provider under RCW 71A.26.030; and v. Provider will assist in accessing non-DDCS related services including but not limited to education and medically necessary treatments. This includes participation in individual team meetings and development of an individualized education program. <u>OHS WAC: 388-826-0550</u> , RHDY WAC 388-842-0165		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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Evaluator Comments:					
Corrective Actions:					
2. An Individual Instructions and Support Plan (IISP) is in place for each client, which: <ul style="list-style-type: none"> a. Describes habilitation goals that the provider and client will work on together while the provider supports the client; b. Lists the instruction and support activities the provider will provide to the client and explain how those activities meet the assessed needs identified in the client's Person-centered Service Plan; c. Describes other relevant support and service information; d. Includes a plan for promoting independent living skills, including financial readiness education, for clients over age 16; e. Is developed and implemented no more than 30 days after the client begins receiving services; and f. Is revised as goals are achieved or assessed needs change, at least semiannually and if requested by the client or the client's parent or legal representative. <u>DDA Policy 5.08, OHS WAC 388-829-0500, OHS WAC 388-826-0490</u> , RHDY WAC: 388-842-0120, RHDY WAC: 388-842-0125		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"/>
Evaluator Comments:					

Corrective Actions:				
3. The provider maintains in the client record:	Yes	No	P	N/A
a. Referral packet contents;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Service notes;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The client's Individual Instruction and Support Plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The client's Positive Behavior Support Plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The most current and signed Child and Family Engagement Plan;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Medication records;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Incident reports; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Applies to RHDY only: The most current and signed RHDY Engagement Plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OHS WAC: 388-826-0540 , OHS WAC: 388-826-0560 , RHDY WAC: 388-842-0150, RHDY WAC: 388-842-0170 Child and Family Engagement Plan (DSHS 10-244) RHDY Engagement Plan (DSHS 10-707)				
Evaluator Comments:				
Corrective Actions:				
4. Provider submits quarterly reports to DDCS and the client's parent or legal representative no more than 10 business days after the end of each quarter.	Yes	No	P	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Quarterly Report for Children's Residential Services (DSHS 15-564) OHS WAC: 388-826-0520 , RHDY WAC: 388-842-0140				
Evaluator Comments:				
Corrective Actions:				
5. Provider maintains current written property records for each client:	Yes	No	P	N/A
a. A list of personal possessions with a value of at least \$25 that the client owns when moving into the program;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A list of personal possessions with a value of \$75 or more per item after the client moves into the program; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Description and identifying numbers, if any, of the property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OHS WAC: 388-826-0530 , RHDY WAC: 388-842-0145				
Evaluator Comments:				
Corrective Actions:				
Section F. Restrictive Procedures				
Standards			Program Compliance	

<p>1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary.</p> <p>DDA Policy 5.14, 5.19, 5.20</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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>2. A Functional Assessment and Positive Behavior Support Plan are in place if one of the following applies:</p> <ul style="list-style-type: none"> a. A client's Person-centered Service Plan requires extensive supports to prevent emotional outburst, suicide attempts, sexual aggression, self-injury, property destruction, or assaults or injuries to others; b. The client and family team determines that a modification to an integrated setting requirement is necessary; c. A client is taking psychotropic medications, including PRN medications, to address target behaviors; d. The use of certain restrictive procedures are planned or used; e. The client transitions from an Evaluation and Treatment Facility, a psychiatric hospitalization, or a residential treatment facility f. The client has had three or more emergency room visits or hospital admissions in a six-month period due to mental health or behavioral needs; g. The client is at risk of losing their residential provider due to target behaviors; h. Door or window alarms are used to monitor a client who presents a risk to themselves or others (e.g., lacks traffic skills, elopes, is physically or sexually assaultive); i. The client has a history of making threats or inflicting harm with items that need to be taken away or secured for safety due to being used as weapons (e.g., knives, matches, lighters); or j. It is necessary to remove the client's property because it is being used to inflict injury on the client, others, or cause property damage. This includes restricting access to the client's personal belongings due to history of destructive behavior (e.g., storing clothing or art supplies outside a client's room). The PBSP must include a timeline and directions for when the property will be returned to the client. <p>DDA Policy 5.19</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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> <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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<p>3. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDSCS.</p> <p>DDA Policy 5.20</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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>4. All staff working with clients have taken physical intervention training prior to working unsupervised.</p> <p>DDA Policy 5.20, Restrictive Procedures and Physical Interventions with Children and Youth</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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"/>																																										
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