Home and Community Living Administration (HCLA)

Enhanced Respite Services for Children (ERS) Certification Evaluation

Date

Provider Name	
Mailing Address	
Site Address	
Contract Number and End Date	
Provider Email Address	Provider Phone Number
Certification Length Recommendation by Resource Manager / Program Manager (24-month maximum)	Certification Monitoring Length Approved by HCLA Quality Assurance Office Signature
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 Enhanced Respite Services for Children program.	
Evaluator's Signature Date	Printed Name

Participants		
ERS Program Administrator's Name	ERS Program Manager's Name	Children's Residential Quality Assurance 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

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			
1. Background checks:	Yes	No	P	N/A
a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;	☐	☐	☐	☐
b. All new hires have fingerprint-based background checks before allowing access to clients;	☐	☐	☐	☐
c. Are renewed at least every three years;	☐	☐	☐	☐
d. Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;	☐	☐	☐	☐
e. Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and	☐	☐	☐	☐
f. Persons who live out of state have a current FBI fingerprint-based background check.	☐	☐	☐	☐
DDA Policy 5.01, WAC 110-145-1325				
Evaluator Comments:				
Corrective Action Plan / Timelines:				
2. The provider and their employees meet these training requirements:	Yes	No	P	N/A
a. 75 hours certificate or exempt from this requirement; WAC 388-829-0015	☐	☐	☐	☐
b. 12 hours of Continuing Education per year; WAC 388-829-0085	☐	☐	☐	☐
c. CPR and First Aid training completed in person within the first 60 days of hire and kept current; WAC 388-829-0040	☐	☐	☐	☐
d. Blood-borne pathogens training within first 60 days of hire and kept current; WAC 388-829-0050 / 296-823-12005	☐	☐	☐	☐
e. Food worker card is current; and	☐	☐	☐	☐
f. Nurse delegation training if the DSP will be performing tasks requiring delegation under WAC 246-840-930. WAC 388-841-0080 / WAC 388-829-0050 / 296-823-12005	☐	☐	☐	☐
Evaluator Comments:				
Corrective Action Plan / Timelines:				
3. All staff working with clients have taken physical intervention training prior to working unsupervised.	Yes	No	P	N/A
	☐	☐	☐	☐

DDA Policy 5.20

Evaluator Comments:

Corrective Action Plan / Timelines:

4. Staff are trained in positive behavior support and de-escalation techniques and work directly with the client in identifying and addressing target behaviors.

Yes	No	P	N/A
☐	☐	☐	☐

DDA Policy 5.20

Evaluator Comments:

Corrective Action Plan / Timelines:

5. Provider provides the following for clients:

	Yes	No	P	N/A
a. Three meals per day plus snacks;	☐	☐	☐	☐
b. Toiletries and person 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 388-841-0090

Evaluator Comments:

Corrective Action Plan / Timelines:

6. The provider maintains the following when participating in nurse delegation:

	Yes	No	P	N/A
a. Written instructions for performing the delegated task from the delegating RN;	☐	☐	☐	☐
b. Documentation of nurse delegation visits including validation of nursing assistance registrations or certifications;	☐	☐	☐	☐
c. Verification of nurse delegation credentials for delegated staff;	☐	☐	☐	☐
d. A consent is in place, signed by the client or legal representatives; and	☐	☐	☐	☐
e. Verification of nurse delegation training for staff.	☐	☐	☐	☐

DDA Policy 6.15

Evaluator Comments:

Corrective Action Plan / Timelines:

7. The Residential Services Provider has a signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, form DSHS 10-403, on reporting requirements on file (required upon hire and annually) for each administrator, owner, operator, employee, contractor, and volunteer.

Yes	No	P	N/A
☐	☐	☐	☐

DDCS Policy 6.12

Evaluator Comments:	
Corrective Action Plan / Timelines:	
8. The provider maintains a client rights policy. RCW 71A.26 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
9. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department. RCW 71A.26 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	

Section B. Physical and Safety Requirements	
Standards	**Program Compliance**
1. The provider meets the following safety requirements:	Yes ☐ No ☐ P ☐ N/A ☐
a. The common areas of the home are unrestricted;	☐ ☐ ☐ ☐
b. All entrances and exits are unblocked;	☐ ☐ ☐ ☐
c. The home is in good repair and maintained in a sanitary manner;	☐ ☐ ☐ ☐
d. The home has a storage area for flammable and combustible materials;	☐ ☐ ☐ ☐
e. Every floor of the home has working smoke and carbon monoxide detectors;	☐ ☐ ☐ ☐
f. The home has a fire extinguisher that meets requirements for the residence type. There is a fire extinguisher in the kitchen and at least one on every floor of the home;	☐ ☐ ☐ ☐
g. The home has a stocked first-aid kit;	☐ ☐ ☐ ☐
h. The home has a working and accessible telephone;	☐ ☐ ☐ ☐
i. The home has a working and accessible flashlight or alternative light source;	☐ ☐ ☐ ☐
j. Emergency contact information is available and accessible in the home (e.g., 911, poison control, nonemergency 911, Adult Protective Services, Child Protective Services);	☐ ☐ ☐ ☐
k. The contact information in for the Developmental Disabilities Ombuds is available and accessible in the home;	☐ ☐ ☐ ☐
l. The water temperature in the home is 120° F or less;	☐ ☐ ☐ ☐
m. Water temperature checks are completed monthly and documentation is maintained;	☐ ☐ ☐ ☐
n. There is a safety plan for any body of water more than 24 inches deep at the home;	☐ ☐ ☐ ☐
o. The home has an evacuation plan and an emergency food and water supply; and	☐ ☐ ☐ ☐
p. The home has a backup power source (e.g., generator, battery pack) if the provider supports a child or youth who uses life sustaining medical equipment.	☐ ☐ ☐ ☐

WAC 388-841-0070, WAC 388-841-0130

Evaluator Comments:

Corrective Action Plan / Timelines:

Section C. Client Services

Standards	Program Compliance			
1. For each client, the provider:	Yes	No	P	N/A
a. Creates and implements a habilitation plan.	☐	☐	☐	☐
b. Provides opportunities for the client's primary caregiver and individualized team to participate in scheduled intake, mid-stay, and discharge meetings facilitated by the provider;	☐	☐	☐	☐
c. Provides medication administration and medication assistance as needed;	☐	☐	☐	☐
d. Develops a behavior intervention plan; and	☐	☐	☐	☐
e. Provides opportunities for accessing the community.	☐	☐	☐	☐
WAC 388-841-0090				
Evaluator Comments:				
Corrective Action Plan / Timelines:				
2. The provider completes the following if medications need to be disposed:	Yes	No	P	N/A
a. Disposes of all client medications that are discontinued, expired, or replaced by another medication in consultation with a pharmacist or other health professional.	☐	☐	☐	☐
b. When disposing a client's medication, the provider must list the:				
i. Client's name;	☐	☐	☐	☐
ii. Medication name;	☐	☐	☐	☐
iii. Amount disposed; and	☐	☐	☐	☐
iv. Date of disposal.	☐	☐	☐	☐
c. Two people must verify the disposal by signature.	☐	☐	☐	☐
WAC 110-145-1870				
Evaluator Comments:				
Corrective Action Plan / Timelines:				
3. For each client, the ERS provider, in consultation with the individualized team:	Yes	No	P	N/A
a. Uses DSHS 10-682, Children's Stabilization Habilitation Plan, to work with the consultant before the client's admission to develop a habilitation plan that focuses on the family's top two or three goals. Staff are trained on how to implement the client's habilitation plan before the client's admission. The provider or consultant reviews and updates the client's plan as needed during the client's individualized team meetings.	☐	☐	☐	☐
b. Uses DSHS 15-595, Children's Stabilization Behavior Intervention Plan, to develop a behavior intervention plan and trains staff on the implementation of the plan before the client's admission.	☐	☐	☐	☐
DDA Policy 4.03				
Evaluator Comments:				

Corrective Action Plan / Timelines:

Section D. Incident and Mandatory Reporting

Standards	Program Compliance
1. The provider reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to the Department of Children, Youth, and Families for clients under 21. DDCS Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34 and RCW 26.44. DDCS Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
3. The provider reported all incidents to DDCS and the client's legal representative, in accordance with DDCS Policy 6.12. This includes submitting the General Event Report to DDCS. DDCS Policy 6.12 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	

Section E. Restrictive Procedures

Standards	Program Compliance
1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary. DDA Policy 5.14, 5.19, 5.20 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
2. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDCS. DDA Policy 5.20 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐

Corrective Action Plan / Timelines:

Section F. Qualify Review

Standards	Program Compliance
1. Clients have adequate privacy in their bedrooms and sufficient space for personal belongings. DDA Policy 5.25 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
2. All clients have locks on their bedroom door. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification has been requested, and a related goal is included in the clients behavior intervention plan. WAC 388-823-1096 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
3. The provider is knowledgeable and takes into account the clients' preferences regarding the care provided, staffing, housemates, visitors, and preferred community activities. DDA Policy 5.25 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
4. The clients' individual privacy is respected. DDA Policy 5.25 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	
5. The client has access to balanced, nutritional food choices that reflect their personal preference. WAC 110-145-1790 **Evaluator Comments:**	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines:	

	Yes	No	P	N/A
6. There is a posting for Child Protective Services contact information to report suspected abuse / neglect / exploitation. WAC 388-841-0070 **Evaluator Comments:**	☐	☐	☐	☐
Corrective Action Plan / Timelines:				
7. Feedback from client satisfaction surveys is generally positive. **Evaluator Comments:**	☐	☐	☐	☐
Corrective Action Plan / Timelines:				
8. The provider participated in the certification evaluation process in a timely and responsive manner including participating in scheduled and unscheduled visits, cooperating in scheduling visits, providing information and documentation as requested, responding to questions or issues identified, participating in an exit meeting, and implementing a corrective action plan. WAC 388-825A-0080 **Evaluator Comments:**	☐	☐	☐	☐
Corrective Action Plan / Timelines:				
9. The provider completed any outstanding corrective action plans from the previous certification period. **Evaluator Comments:**	☐	☐	☐	☐
Corrective Action Plan / Timelines:				

Additional comments regarding evaluation: