



Certification Evaluation Checklist Intensive Habilitation Services for Children Providers

Provider	Date
<p>In preparation for your upcoming Intensive Habilitation Services certification evaluation, please have current copies of all applicable items below ready for review by the HCLA-contracted evaluator.</p> <ul style="list-style-type: none"><input type="checkbox"/> Intensive Habilitation Services contract (if applicable)<input type="checkbox"/> Background check results letters for all employees, administrators, owner-administrators, subcontractors, and volunteers who may have unsupervised access to DDOS clients<input type="checkbox"/> IHS state-operated only: Character, competence, and suitability reviews for staff with non-disqualifying crimes or negative actions on their background check (i.e., Record Review result letters)<input type="checkbox"/> Current training certificates for CPR, First Aid, food worker card, and Blood Borne Pathogens<input type="checkbox"/> Record of at least 12 continuing education credits for the most recent calendar year<input type="checkbox"/> Completion of 75-hour Training (if contracted after 01/01/2016)<input type="checkbox"/> Signed copy of DSHS form 10-403, Residential Services Providers and County and County-Contracted Providers: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult<input type="checkbox"/> Client rights policy and client grievance policy<input type="checkbox"/> Emergency response plan<input type="checkbox"/> Staff schedules<input type="checkbox"/> Water temperature records <p><u>Client-specific Records (if applicable):</u></p> <ul style="list-style-type: none"><input type="checkbox"/> DSHS 10-682, Children's Stabilization Habilitation Plan<input type="checkbox"/> DSHS 15-595, Children's Stabilization Behavior Intervention Plan<input type="checkbox"/> Client contact information<input type="checkbox"/> Person-Centered Service Plan<input type="checkbox"/> Incident reports<input type="checkbox"/> Property records upon arrival and departure<input type="checkbox"/> Medication intake and administration records<input type="checkbox"/> Nurse delegation records	