DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Children's State Operated Living Alternatives (SOLA) Quality Assurance Assessment

DATE	VISIT TYPE (ANNUAL OR BY REQUEST)	DDA REVIEWER'S NAME

Assessor should obtain information below from regional Voluntary Placement Services (VPS) Coordinator and resource manager prior to conducting Quality Assurance (QA) assessment.

HOME NAME			
MAILING ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDE AREA CODE)	NUMBER OF CURRENT RESIDENTS		

***ASTERISK THOSE RESIDENTS PRESENT DURING VISIT**

INDIVIDUALS RESIDING IN THE HOME	SOCIAL WORKER	DATE OF BIRTH

PREVIOUS VISIT DATE	TYPE OF PREVIOUS VISIT (ANNUAL OR BY REQUEST)

Supervisor current issues / concerns

(Assessor to consult with regional VPS Coordinator, Resource Manager, and assigned Social Worker prior to the QA assessment. If home has DDA residents from other regions a conference call should be scheduled with other region.

Are there concerns regarding community inclusion activities (such as variety, type, and frequency)?

Are there concerns regarding family participation (as identified in the Shared Parenting Plan)?

Is the client receiving therapeutic skill development (teaching and training with ADL's, etc.)?

Is the VPS Social Worker / Social Service Specialist (SSS) receiving timely and thorough reports and communication from the program?

Are there concerns regarding any unmet health care needs (such as ABA, mental health, neurology, etc.)?

Additional Comments:

Home's Physical Appearance	Yes (date verified)	No (not located or incomplete)	N/A	Comments (Provide specific information on No and N/A responses only).
WAC 110-145-1555 Home address clearly visible on facility or mailbox	☐	☐	☐	
WAC 110-145-1555 Exterior in good repair	☐	☐	☐	
WAC 110-145-1555 Yard / lawn maintained	☐	☐	☐	
WAC 110-145-1555 Interior clean and in good sanitary condition	☐	☐	☐	
Best Practice Requires Evidence that program reflects client's interests, family involvement, and personal connections.	☐	☐	☐	
Safety Observations	**Yes (date verified)**	**No (not located or incomplete)**	**N/A**	**Comments**
WAC 110-145-1555 Exit doors easily accessible from inside	☐	☐	☐	
WAC 110-145-1555 Exits unblocked and obstacles are not placed in corridors, aisles, doorways, etc.	☐	☐	☐	
WAC 110-145-1555 Windows operational and no pull-cords present	☐	☐	☐	
WAC 110-145-1580 Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as appropriate	☐	☐	☐	
WAC 110-145-1560 Secure / adequate grab bars, soap and clean towels present in all bathrooms	☐	☐	☐	
WAC 110-145-1850 Prescription and over the counter medications locked	☐	☐	☐	
WAC 110-145-1685 Documentation of monthly emergency preparedness plan (monthly safety checks, fire drills, smoke alarms and carbon monoxide alarms)	☐	☐	☐	
WAC 110-145-1675 and WAC 110-145-1680 Smoke and carbon monoxide alarms located in or near bedrooms and on each level of home	☐	☐	☐	
WAC 110-145-1690 Serviced and accessible fire extinguisher on each level of the multilevel home	☐	☐	☐	

WAC 110-145-1585 Running water must not exceed 120° as tested with a thermometer during time of QA assessment	☐	☐	☐	
WAC 110-145-1555 Emergency phone numbers including home physical address and poison control number are posted near a working landline telephone	☐	☐	☐	
WAC 110-145-1640 First Aid supplies including protective non-latex gloves, bandages, scissors, ace bandages, gauze and non-breakable and mercury free thermometer	☐	☐	☐	
WAC 110-145-1670 Written emergency plan, including action to be taken following a natural disaster or emergency	☐	☐	☐	
Household Observations	**Yes (date verified)**	**No (not located or incomplete)**	**N/A**	**Comments**
WAC 110-145-1790 Variety, type, amount of food sufficient (including menus / snacks available)	☐	☐	☐	

Client Records: Document either Yes (include date verified) or No if not located or incomplete.			
Client Name			
Best Practice Requires Applied Behavior Analysis (ABA) Behavior Intervention Plan or Functional Analysis (FA) and Positive Behavior Support Plans (PBSP).			
Best Practice Requires Documentation of progress towards obtaining client's habilitative goals			
Best Practice Requires Staff can identify the client's challenging behaviors and intervention strategies based upon the behavior support plan			
Best Practice Requires Documentation that data collection and monitoring of behavior support goals is occurring every 30 days			
WAC 110-145-1520 Current Individual Education Plan (IEP)			
Chapter 388-826 WAC Does the child have a Representative Payee?			
Chapter 388-826-0041 WAC Current Shared Parenting Plan or Shared Planning form for clients age 18 and older			
Best Practice Requires Submitted reports to DDA quarterly regarding client's care timely			
Chapter 388-826-0071 WAC Documentation of weekly parent involvement			

DDA Policy 6.12 Documentation of Incident Reports including notification to DDA, parents, etc.			
Chapter 388-826-0071 WAC Accounting of monthly Community inclusion activities of client choice and dates			
WAC 110-145-1520 Individual property inventory available and updated annually			
WAC 388-845-3055 Current signed DDA / Person Centered Service Plan			
Medical / Dental: Document either Yes (include date verified) or No if not located or incomplete.			
Client Name			
DDA Policy 6.19 Medical / Dental Log (includes reason for visit along with dates of annual medical and dental exam)			
Best Practice Requires Clients are supported with medical and dental services, follow up appointments, including emergent needs, without delay			
WAC 110-145-1855 Medication Log / MAR available (Includes client's name, time and dosage of medication)			
WAC 110-145-1865 Medications (including PRN's) given as prescribed (initialed by staff, documentation of missed / refused medications)			
Best Practice Requires Medication refusals are documented on MAR and addressed in a behavior plan if appropriate			
DDA Policy 5.19 Psychoactive medications have an information sheet; including medications prescribed as PRNs.			
Best Practices Requires Review past three (3) months of MARs Does the MAR match current meds available?			
WAC 110-145-1800 Modified diet approved by PCP annually			
WAC 110-148-1860 PRN medication protocol available			
WAC 110-145-1520 Seizure record if applicable			
DDA Policy 6.15 Nurse Delegation documentation for clients age 18-20 who require assistance with medication administration			

Best Practice Requires Clients appear clean, with weather appropriate clothing, hair brushed, etc.			
Bedrooms: Document either Yes (include date verified) or No if not located or incomplete.			
Client Name			
WAC 110-145-1625 Any video or audio monitoring in the interior of the facility include required documentation			
Best Practices Required Bedrooms are person centered			
DDA Policy 5.20 Approved use of bedside rails if applicable; policy components present			
WAC 110-148-0155 Home clean and free of unpleasant odors			

Meaningful Activities	Yes (date verified)	No (not located or incomplete)	N/A	Comments
WAC 110-145-1735 Documentation of an activity program that includes variety of age-related and client specific activities to integrate each client in the community?	☐	☐	☐	

Out of the past seven (7) full calendar days, how many days has the client left their home (defined as going beyond their yard, regardless of where and with whom)?

Client Name	Days 1 through 7							Total Days	If client did not access the community five or more days; what was the primary barrier?
	☐	☐	☐	☐	☐	☐	☐		☐ Transportation unavailable ☐ Staffing ☐ Lack of interest ☐ Physical issues ☐ Behavioral issues ☐ Other
	☐	☐	☐	☐	☐	☐	☐		☐ Transportation unavailable ☐ Staffing ☐ Lack of interest ☐ Physical issues ☐ Behavioral issues ☐ Other
	☐	☐	☐	☐	☐	☐	☐		☐ Transportation unavailable ☐ Staffing ☐ Lack of interest ☐ Physical issues ☐ Behavioral issues ☐ Other

Observations: Briefly discuss interactions that were observed during the time of the visit including client's appearance, teaching and training techniques, skill development, medication administration, etc.

Client name:

Comments:

Client name:

Comments:

Client name:

Comments:

Interviews: Should conduct a random sample of a minimum of two staff (those present during the time of the visit) and two clients (if able), dependent on the household size, and two parents or family members.

Attendant Counselor Staff Interview

Name:

How long have you worked here?

What kind of training have you had in the following areas:

- Supervising youth:
- Behavior Support / Restraints:
- Medical Emergencies:
- Treatment area (youth who are sexually aggressive, suicidal, or have a developmental disability, etc.):
- Mandatory Reporting (completed annually):

Have you seen the mandatory reporting video? ☐ Yes ☐ No

Have you had to use a physical intervention technique or a "quiet room"? Can you describe what happened?

Do you know how to report incidents of abuse, neglect, exploitation or abandonment of a child / youth (i.e. directly to CPS and law enforcement)?

Do you know the timeline for reporting suspected incidents (i.e., **immediately but within 48 hours** if related to sexual or physical abuse, neglect or exploitation, etc.; **as soon as possible but within 48-hours to DDA** if related to suicidal / homicidal behavior, medication error, emergency medical care, etc.)?

What are some significant support needs you face here at work (challenging behaviors / medical issues)? How do you typically respond to them?

Have you ever made a CPS referral? What happened?

Do you think there is an adequate number of staff to provide supervision?

Name:

How long have you worked here?

What kind of training have you had in the following areas:

- Supervising youth:
- Behavior Support / Restraints:
- Medical Emergencies:
- Treatment area (youth who are sexually aggressive, suicidal, or have a developmental disability, etc.):
- Mandatory Reporting (completed annually):

Have you seen the mandatory reporting video? ☐ Yes ☐ No

Have you had to use a physical intervention technique or a “quiet room”? Can you describe what happened?

Do you know how to report incidents of abuse, neglect, exploitation or abandonment of a child / youth (i.e. directly to CPS and law enforcement)?

Do you know the timeline for reporting suspected incidents (i.e., **immediately but within 48 hours** if related to sexual or physical abuse, neglect or exploitation, etc.; **as soon as possible but within 48-hours to DDA** if related to suicidal / homicidal behavior, medication error, emergency medical care, etc.)?

What are some significant support needs you face here at work (challenging behaviors / medical issues)? How do you typically respond to them?

Have you ever made a CPS referral? What happened?

Do you think there is an adequate number of staff to provide supervision?

Client Interview (Assessor should indicate if client is able to participate in the interview. Mark N/A if unable to do so.)

Name of client:

What chores do you do on a regular basis?

What activities do you like to participate in during the week? What activities do you like to do on weekends?

What happens when you get into trouble? What are the consequences?

If you needed help who would you go to?

Do you go to the store with staff and pick out your own food?

Do you have a DDA Social Worker? What is your Social Worker’s name?

Name of client:

What chores do you do on a regular basis?

What activities do you like to participate in during the week? What activities do you like to do on weekends?

What happens when you get into trouble? What are the consequences?

If you needed help who would you go to?

Do you go to the store with staff and pick out your own food?

Do you have a DDA Social Worker? What is your Social Worker’s name?

Parent Interview

(Assessor to contact parents of clients residing in the home. Content should provide feedback on current issues, questions or concerns pertaining to the care and supports for their child).

Name of parent:

How long has your child been living at this residence?

Do you have any health and safety concerns regarding your child's residence?

How do you stay in touch with your child?

How often have you visited and when did you last visit?

Do you think your child receives adequate supervision? ☐ Yes ☐ No

If not, what are your concerns?

Has your child ever expressed to you any problems in regards to the residential home? ☐ Yes ☐ No

If yes, provide explanation including how the concerns were addressed and resolved.

Do you feel your child's medical needs are being met?

Do you feel your child's educational needs are being met? Have you been included in the IEP conferences?

Do you feel your child's behavioral needs are appropriately managed?

Is there anything else you would like me to know?

Name of parent:

How long has your child been living at this residence?

Do you have any health and safety concerns regarding your child's residence?

How do you stay in touch with your child?

How often have you visited and when did you last visit?

Do you think your child receives adequate supervision? ☐ Yes ☐ No

If not, what are your concerns?

Has your child ever expressed to you any problems in regards to the residential home? ☐ Yes ☐ No

If yes, provide explanation including how the concerns were addressed and resolved.

Do you feel your child's medical needs are being met?

Do you feel your child's educational needs are being met? Have you been included in the IEP conferences?

Do you feel your child's behavioral needs are appropriately managed?

Is there anything else you would like me to know?

Corrections, Consultations, and Follow-Up

Summary of corrective actions requiring provider follow-up.