| PROVIDER’S NAME | DATE |
| --- | --- |
|  |
|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Children’s State Operated Living Alternatives (SOLA)**  **Certification Evaluation** |
| PROVIDER’S NAME |
| MAILING ADDRESS |
| SITE ADDRESS |
| PROVIDER EMAIL ADDRESS | PROVIDER PHONE NUMBER (INCLUDE AREA CODE) |
| CERTIFICATION LENGTH RECOMMENDATION BY PROVIDER QUALITY ASSURANCE SPECIALIST (24 MONTH MAXIMUM) | CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER |
| CERTIFICATION EVALUATION PERIOD | NEXT REVIEW DATE (FILLED OUT BY QA UNIT MANAGER) |
| EVALUATOR VISIT DATES |
| The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated SOLA program. |
| **EVALUATOR’S** SIGNATURE DATE  | PRINTED NAME |
| **Participants** |
| **SOLA PROGRAM ADMINISTRATOR’S** NAME | **OUT-OF-HOME SERVICES RESOURCE MANAGER’S** NAME | **OUT-OF-HOME SERVICES COORDINATOR’S** NAME |
| **CHILDREN’S STATE OPERATED PROGRAM MANAGER’S** NAME | **CHILDREN’S RESIDENTIAL QUALITY ASSURANCE PROGRAM MANAGER’S** NAME | **PROVIDER QUALITY ASSURANCE SPECIALIST’S** NAME |
| **OTHER’S** NAME AND ROLE | **OTHER’S** NAME AND ROLE | **OTHER’S** NAME AND ROLE |
| **Section A. Provider Qualifications and Responsibilities** |
| **Standards** | **Program Compliance** |
| 1. Background checks:
 |  YES NO P N/A |
| 1. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. 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;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Are renewed at least every three years; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A person who has resided fewer than three continuous years in Washington State must have fingerprint-based background checks (including a person who resides out of state and works in Washington State).

 [DDA Policy 5.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.01.pdf) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:
 |  YES NO P N/A |
| 1. 75 hours certificate or exempt from these requirements;

 [WAC 388-829-0030](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829-0030) through [WAC 388-829-0045](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829-0045) |  [ ]  [ ]  [ ]  [ ]  |
| 1. 12 hours of Continuing Education per year;

 [WAC 388-829-0085](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829-0085) |  [ ]  [ ]  [ ]  [ ]  |
| 1. CPR and First Aid training completed within first 60 days of hire and kept current; and [WAC 388-829-0040](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829-0040)
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Current blood-borne pathogens training, completed annually and within one year of the previous training; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Current Food Handlers permit.

 [WAC 388-829-0050](https://apps.leg.wa.gov/wac/default.aspx?cite=388-829-0050) / [WAC 296-823-12005](https://apps.leg.wa.gov/wac/default.aspx?cite=296-823-12005) / [WAC 388-826-0074](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0074) [WAC 388-101D-0090](https://app.leg.wa.gov/WAC/default.aspx?cite=388-101D-0090) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider maintains the following when participating in nurse delegation for clients receiving out-of-home services who require assistance with medication administration):
 |  YES NO P N/A |
| 1. Written instructions for performing the delegated task from the delegating RN;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Documentation of nurse delegation 90-day visits including validation of nursing assistant registrations or certifications;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A consent is in place, signed by the client or legal representatives; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Verification of nurse delegation training for staff.

 [WAC 388-826-0071](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0071) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider has a signed copy of Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult, form DSHS 10-403, on reporting requirements on file (required upon hire and annually).

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)  |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The Provider maintains a client rights policy. [RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions** |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. 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](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Section B. Physical and Safety Requirements** |
| **Standards** | **Program Compliance** |
| 1. The condition of the home is:
 |  YES NO P N/A |
| 1. The exterior is in acceptable condition and free from hazards;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The yard and lawn are maintained; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The interior is clean and in sanitary condition.
 |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider ensures physical and safety requirements are met:
 |  YES NO P N/A |
| 1. A furnished home environment including a private, furnished bedroom for each client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Exteriors exits free from obstacles, barriers, or locked gate;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Windows are operational;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients’ need;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Flammable and combustible materials are stored safely;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Working smoke and carbon monoxide alarms located in or near bedrooms and on each level of the home;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Smoke detectors meet needs of clients’ specialized needs, including any vision or hearing loss;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. There are fire extinguishers in the home that are serviced and accessible;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A stocked first aid kit is available;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A stocked disaster kit is available for all clients and staff in the home;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A working telephone with 911 access is available to clients;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The client has access to a working flashlight or alternative light source;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Backup power source is in place for client’s who receive life-sustaining treatments (i.e. ventilator).
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The water temperature is no higher than 120 degrees Fahrenheit; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider checks the water temperature at least once every month and documents compliance.

 SOP 205.08 Safety Checks |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The state vehicles are furnished with car or booster seats in accordance with Washington Child Passenger Restraint law if applicable. [RCW 46.61.687](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiN9f31ifHrAhWGuJ4KHfR4BZgQFjAAegQIAxAB&url=https%3A%2F%2Fapp.leg.wa.gov%2Frcw%2Fdefault.aspx%3Fcite%3D46.61.687&usg=AOvVaw3GFR7zU-px3eN655I5j87K)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider completes and posts emergency evacuation plans and gas shut off instructions (if applicable).

 SOP (On-Call Supervisory Cell Phone Use) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider staff are aware of emergency contact protocol including contacting management, 911, parents, etc.

 205.07 Client Emergencies  SOP 203.4 After-Hours Supervisor Notification  |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Section C. Client Services** |
| **Standards** | **Program Compliance** |
| 1. Provider offers clients the choice of daily schedule and community inclusion activities and maintains documentation.
 | YES NO P N/A[ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider supports clients enrolled in school by:
 |  YES NO P N/A |
| 1. Supporting 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;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Attending all school-related meetings; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. With the parent or legal guardian’s consent, maintain regular communication with school representatives.

 [WAC 388-826-0071](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0071) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider has sufficient staff available to meet client’s assessed needs according to the Children’s SOLA Rate Assessment.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider ensures that transportation needs are met.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider ensures client funds (cash, including gift cards) are managed for clients in accordance with their Individual Financial Plan, if one is in place.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider ensures community inclusion funds are tracked, including:
 |  YES NO P N/A |
| 1. Date of each activity;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Cost of each activity; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A running balance.

 [WAC 388-826-0071](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0071) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider assists with medical needs:
 |  YES NO P N/A |
| 1. Provider assists clients to obtain annual dental and physical exams and documents the dates and outcomes of those visits;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Provider assists clients with any follow-up medical and dental services, follow-up appointments, including emergency needs, without delay, and documents the dates and outcomes of those visits;

 SOP 206.01 Client Health Services and Support |  [ ]  [ ]  [ ]  [ ]  |
| 1. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and

 SOP 205.07 Client Emergencies |  [ ]  [ ]  [ ]  [ ]  |
| 1. Seeks same-day medical evaluation for changes from baseline health presentation.

 SOP 206.01 Client Health Services and Support |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider assists with medication needs of clients:
 |  YES NO P N/A |
| 1. Medications are stored in an area not readily available to others;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given);
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Available MARS match client medications; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Medication refusals are documented on MAR and addressed in a behavior plan if appropriate. SOP 206.01 Medication Accountability
 |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 9. Staff can identify the client’s challenging behaviors and intervention strategies based upon the behavior support plan and the Person-Centered Service Plan. |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider participates in DDA-facilitated comprehensive 90-day health and safety reviews.

 90-Day Visit Form |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 11. The provider notifies DDA when a client over the age of 18 chooses not to pursue a high school or equivalence course of study or vocational program. |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 12. The provider develops and implements an Individual Financial Plan when the child and family engagement plan indicate support is needed for the client to acquire money management skills.[WAC 388-826-0041](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0041) [WAC 388-826-0042](https://app.leg.wa.gov/WAC/default.aspx?cite=388-826-0042) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 13. The Individual Financial Plan: a. Is signed by the client’s parent or legal guardian; |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes client funds and income managed by the provider;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes funds and income managed by the client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes funds and income managed by the representative payee;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes the types of accounts containing client funds;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes money management instruction or support provided to the client; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Is reviewed with the client’s parent or legal guardian at least every twelve months.
 |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Section D. Incident and Mandatory Reporting** |
| **Standards** | **Program Compliance** |
| 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.

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf) Incident Reporting |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per [RCW 74.34](https://apps.leg.wa.gov/rcw/default.aspx?cite=74.34) and [RCW 26.44](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjbif67ivHrAhWFpZ4KHZKNBhwQFjAAegQIAhAB&url=http%3A%2F%2Fapps.leg.wa.gov%2FrcW%2Fdefault.aspx%3Fcite%3D26.44%26full%3Dtrue&usg=AOvVaw2-VP6UINE3FS-l1xfjFDg3).

 SOP 205.03 Incident Reporting |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. 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.

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf), Incident Reporting |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Section E. Records and Reports** |
| **Standards** | **Program Compliance** |
| 1. An Individual Instructions and Support Plan (IISP) is in place, which:
 |  YES NO P N/A |
| 1. Is available to staff when working with a client. The entire, current IISP is kept in the client’s home either electronically or in hard copy;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes, as part of the IISP or as a separate document, a risk summary. A hard copy of the risk summary is available to staff in the client’s home at all times;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Is completed within 30 days after the client begins receiving services from provider. Provider reviews IISP no more than 90 days after providing services to client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Documents the participation and written agreement of the client, and the client’s legal representative if applicable;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Includes the date developed, reviewed, or revised, and the name and signature of the person who prepared, reviewed, or revised the plan;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Describes habilitation goals that the provider and client will work on together while the provider supports the client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. 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;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Describes other relevant support and service information; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Is reviewed at least six months and updated as necessary. The IISP must be updated if the client’s needs change significantly, the client achieves their goals, or the client or the client’s legal representative requests and update.

 [DDA Policy 5.08](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.08.pdf), [WAC 388-826-0044](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0044) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider participates in the development of the child and family engagement plan before the start of services and at each annual assessment.

 [WAC 833-826-0041](https://apps.leg.wa.gov/wac/default.aspx?cite=388-826-0041) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. The provider maintains in the client record:
 |  YES NO P N/A |
| 1. Individual Education Plan;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Child and Family Engagement Plan;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Person Centered Service Plan; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Out-of-home Services Acknowledgement.
 |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Provider submits quarterly reports to DDA. [Residential Quarterly Report for Children’s Residential Services (DSHS 15-564)](https://www.dshs.wa.gov/sites/default/files/forms/word/15-564.docx)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 5. Provider maintains documentation for each client: |  YES NO P N/A |
| 1. Current property records for client-owned property (which are reviewed at least annually and updated):
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. With a value of $25 or more at move in; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. With a value of $75 or more acquired after move-in.

 SOP (SOLA Participant Inventory) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 6. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others. SOP (Confidentiality) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Section F. 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](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf), [5.19](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.19.pdf), [5.20](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.20.pdf)  |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. A Functional Assessment and Positive Behavior Support Plan are in place if one of the following applies:
 |  YES NO P N/A |
| 1. 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.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The client and family team determines that a modification to an integrated setting requirement is necessary.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A client is taking psychotropic medications, including PRN medications, to address target behaviors.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The use of certain restrictive procedures are planned or used.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The client transitions from an Evaluation and Treatment Facility, a psychiatric hospitalization, or a residential treatment facility.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. 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.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The client is at risk of losing their residential provider due to target behaviors.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. 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).
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. 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).
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. 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.

 [DDA Policy 5.19](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.19.pdf) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. Each use of emergency restrictive procedures is documented in an incident report and submitted to DDA.

 [DDA Policy 5.20](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.20.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| 1. All staff working with clients have taken physical intervention training prior to working unsupervised.

 [DDA Policy 5.20](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.20.pdf), Restrictive Procedures and Physical Interventions with Children and Youth |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Section G. Quality Review** |
| **Standards** | **Program Compliance** |
| 1. The clients have adequate privacy in their bedrooms and bathroom and sufficient space for personal belongings. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification must be captured in CARE and supported in the PCSP.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. The provider is knowledgeable about the clients’ preferences regarding the care provided.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The clients’ individual privacy is respected.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. There is adequate security (i.e., locks, asking for identification before opening the door).
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The client has access to balanced, nutritional food choices that reflect their personal preference.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. There is a posting for Child Protective Services contact information to report suspected abuse / neglect / exploitation.
 |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments**: |  |

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
| **Corrective Actions:**  |  |

|  |  |
| --- | --- |
|  |  |

|  |
| --- |
| **Additional comments regarding evaluation:** |

|  |
| --- |
|  |