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|  Text  Description automatically generated |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Emergency Transitional Support Services Certification Evaluation** |
| PROVIDER’S NAME | DATE |
| **Contact Evaluation** |
| PROVIDER’S NAME |
| PROVIDER’S MAILING ADDRESS |
| PROVIDER’S EMAIL ADDRESS | PROVIDER’S PHONE NUMBER (WITH AREA CODE) |
| CERTIFICATION LENGTH RECOMMENDATION (12 MONTH MAXIMUM) | CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER |
| CERTIFICATION EVALUATION PERIOD | NEXT REVIEW DATE (COMPLETED BY QA UNIT MANAGER) |
| EVALUATION VISIT DATES |
| The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated emergency transitional support services program. |
| **Required Signatures** |
| **EVALUATOR’S** SIGNATURE DATE | PRINTED NAME |
| **Participants** |
| PROGRAM ADMINISTRATOR |
| RHC PROGRAM MANAGER |
| RESIDENTIAL QA PROGRAM MANAGER |
| PROVIDER’S NAME |
| OTHER |
| OTHER |
| OTHER |
| **Section A. Provider Qualifications and Responsibilities** |
| **Standards** | **Program Compliance** |
| 1. Provider staff meet minimum qualifications:
2. Have a high school diploma or GED equivalent, unless hired before September 1, 1991;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Are 18 or older; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Have a current background check.

 [WAC 388-829Z-020](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-020) |  [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| 1. All direct support professionals, volunteers, and any other employee who may have unsupervised access to a DDA client have a non-disqualifying background check.

 [DDA Policy 5.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.01.pdf), WAC 388-829Z-0925 WAC 388-829Z-030  |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider and their employees meet these training requirements:
2. Mandatory reporter training annually;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Therapeutic options training annually;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. CPR and First Aid training completed prior to working with clients and kept current;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Blood-borne pathogens training annually; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. New employees completed new employee orientation.
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| 1. Staff providing transportation have:
2. Automobile insurance coverage under Chapter 46.30 RCW; and
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. A valid driver’s license under Chapter 46.20 RCW.

 [WAC 388-829Z-045](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-045) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider has the following policies and procedures in place:
2. Client rights, including a client’s right to file a complaint or suggestion without interference;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Reporting requirements for suspected abuse, neglect, financial exploitation, and abandonment;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Client protections when there have been allegations of abuse, neglect, financial exploitation, or abandonment;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Emergent situations that may pose an anger or risk to the client or others;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Response to a missing person and other client emergencies;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Emergency response plans for natural and other disasters;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Client access to medical, mental health, and law enforcement resources;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Notifications to client’s primary caregiver, legal representative, or relatives in case of emergency;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Client grievances, including timelines, possible remedies, and information about how to submit unresolved grievances to the department; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Aspects of medication management, including:
	* 1. Supervision of medication; and
		2. Client refusal.

 [WAC 388-829Z-040](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-040) |   [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider:
2. Has trained employees on its policies and procedures;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Maintains current written policies and procedures; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Makes them available upon request to all employees, clients, client legal representatives, and DDA.

 [WAC 388-829Z-040](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-040) |  [ ]  [ ]  [ ]  [ ]  |
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| **Section B. Physical and Safety Requirements** |
| **Standards** | **Program Compliance** |
| 1. The provider provides the following services and activities at no cost to the client:
2. A furnished home environment including a private bedroom;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Access to a safe outdoor area for recreation and leisure;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Three nutritious meals and two snacks per day;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Bedding and towels;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Access to laundry facilities; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Access to a telephone and a place to make private calls.

 [WAC 388-829Z-035](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-035) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider completes a monthly Safety Checklist which includes:
2. Exit doors are easily accessible;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 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’ needs;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Flammable and combustible materials are stored safely;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Smoke detectors meets needs of clients’ specialized needs, including any vision or hearing loss;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. There is a fire extinguisher on each level of the home that is serviced and accessible;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A stocked first aid kit is available;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A stocked disaster kit is available for all clients and staff;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Clients have access to a working telephone; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Clients have access to a working flashlight or alternative light source.
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider regulates the water temperature at the residence:
2. The water temperature must be maintained between 105o and 120o Fahrenheit;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. The provider checks the water temperature at least once every six months; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider documents compliance with this requirement.

 [WAC 388-829Z-050](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-050) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider completes fire drills monthly and keeps documentation of the drills.

 RS SOP 2.08 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| **Section C. Client Services** |
| **Standards** | **Program Compliance** |
| 1. The provider provides the following services and activities at no cost to the client:
2. Support accessing social and recreational opportunities in the community according to DDA Policy 14.02 and SOP 3.17 Off-campus leisure trips; and
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Access to physical and behavioral health services prescribed by the client’s treating professional.

 [WAC 388-829Z-035](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-035) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider provides adequate staff to administer the program and meet the needs of clients.

 RS SOP 6.01 Client Safety and Protections and RS SOP 3.06 Positive Behavior Support Plans |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider ensures clients have access to employees or the means to contact employees at all times.

 RS SOP 6.01 Client Safety and Protections |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. When managing the client’s funds, the provider:
2. Maintains a detailed ledger with a running balance for each account managed by the provider, including:
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Records deposits into the client’s account;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Reconciles the client’s accounts, including cash, and gift cards on a monthly basis; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Retains receipts, bills, and invoices for purchases.
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider assists with medical needs:
2. Provider assists clients to obtain dental and physical exams if needed, and documents the dates and outcomes of those visits;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 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;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and/or seeking medical assistance on-campus and initiating first aid as needed;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Seeks same-day medical evaluation for changes from baseline health presentation; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Follows any specialized plans / protocols (i.e., seizure, swallow, bowel).
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider assists with medication needs:
2. Medications are stored in an area not readily available to others;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 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.
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Staff can identify the client’s challenging behaviors and intervention strategies based upon the staff guidelines for each client.

 [Policy 5.24](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.24.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider participates in transitional planning of clients following [DDA Policy 17.06.05](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy17.06.05.pdf).
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| **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 DSHS Adult Protective Services.

 [DDA Policy 12.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy12.01.pdf), Incident Reporting, [RCW 74.34](https://apps.leg.wa.gov/rcw/default.aspx?cite=74.34), [WAC 388-829Z-060](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-060) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 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).
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider reported all incidents to DDA and the client’s legal representative, in accordance with DDA Policy 12.01. This includes submitting an incident report to DDA..

 [DDA Policy 12.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy12.01.pdf), Incident Reporting |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| **Section E. Records and Reports** |
| **Standards** | **Program Compliance** |
| 1. All record entries are:
2. Made at the time of or immediately following the even and maintain both the original and corrected entries when an error in the record is made; and
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Electronic record entries must include the date of the entry and identify the person who made the entry by including the person’s unique user ID.
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The Provider maintains the following record for each client:
2. Client’s name and address;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Name, address, and telephone number of the client’s primary guardian or legal representative;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A copy of the client’s most recent person-centered service plan;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Progress notes;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Incident reports, if applicable;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Medication documentations, including a mediation intake form and medication administration records, if applicable;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A list of the client’s personal property upon arrival, acquisition of new property (other than consumables) and property at departure; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A record of money or gift cards managed by the provider on behalf of the client, if applicable.

 [WAC 388-829Z-055](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-055) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider maintains the following:
2. Water temperature monitoring records;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Direct support professional training records, and;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Direct support professional time sheets specific to locations worked.

 [WAC 388-829Z-055](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-055) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider has applicable consent form signed by the client or their legal representative before information is shared with others including:
2. Informed consent;
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Dental consent;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Consent DSHS 14-012; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Consent and Service Agreement.
 |  [ ]  [ ]  [ ]  [ ]  |
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| **Section F. Restrictive Procedures** |
| **Standards** | **Program Compliance** |
| 1. Only the least restrictive procedures needed to adequately protect the client, others, or property are used. A restrictive procedure is terminated as soon as the need for protection is over. [DDA Policy 5.22](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.22.pdf)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider:
2. Maintains staff guidelines for clients that direct staff in recognizing and responding to challenging behaviors; and
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Maintains behavior tracking data.

 [DDA Policy 5.14](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf), [DDA Policy 5.21](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.21.pdf) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Incident reports are filed for the use of restrictive procedures if they are implemented as an emergency or crisis response to a behavioral incident; and when a single-use medication order prescribing psychotropic medication is used in response to a behavioral crisis. [DDA Policy 5.22](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.22.pdf)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. Staff receiving physical intervention techniques training complete the course and demonstrate competency before being authorized to use the techniques with clients. [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. As part of maintaining staff proficiency, staff annually attend a training or staff meeting that reviews: de-escalation techniques; physical intervention techniques; or incidents and their outcomes. [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. If a restrictive physical intervention is implemented in an emergency, or when the frequency of interventions is increasing, the facility or provider performs post-analysis to discuss events. The post-analysis may include client, staff, staff, supervisor, and other team members as appropriate, and must be documented in the client’s file. [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf)
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| **Section G. Quality Review** |
| **Standards** | **Program Compliance** |
| 1. The provider is knowledgeable about the clients’ preferences regarding the care provided.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. The provider assists the client to keep in touch with their family / friends as preferred by the client.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. The provider shows respect for clients.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. The variety, type, and amount of food is sufficient for the client and to their liking.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. There is a posting for Adult Protective Services contact information to report suspected abuse / neglect / exploitation.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| Additional comments regarding evaluation: |

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