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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)**Community Protection Treatment Worksheet****Quarterly Review** |  |
| TEAM MEETING DATE |
| Participation in the Community Protection Program requires cooperation with the Treatment Plan and program guidelines. The restrictions / limitations identified below will be in place for (client name): . |
| **Residence** |
| **[ ]**  Housing location to restrict access to vulnerable populations.**[ ]**  Alarms on windows and doors. Motion detectors and other monitoring devices (specify): **[ ]**  Not to be alone with other residents / line of sight in-home.**[ ]**  Restricted use / access to incendiary devices / combustibles.**[ ]**  Room searches for: **[ ]**  Restrict / Monitored: Circuit breaker, stove, BBQ grill, other environmental changes (specify):**[ ]**  Pets / Animals: **[ ]**  Personal boundaries/horseplay.**[ ]**  Weapons (guns, swords, knives, kitchen knives, etc.):  |
| **Supervision** |
| **[ ]**  24 hour supervision which includes line of sight at all times in the community.**[ ]**  Restroom Checks: **[ ]**  Disclosure of risk to others (employment / chaperone / dating)**[ ]**  Restricted access to places / areas Restricted Places: **[ ]**  Places catering to children **[ ]**  Places where children congregate **[ ]**  Bars /taverns and places with the presence of alcohol or drugs **[ ]**  Other: |
| **Media / Communication** |
| **[ ]**  Restricted access to television, magazines, Internet/computer Restricted Themes: **[ ]**  Child oriented/child as main character **[ ]**  Domestic/sexual violence **[ ]**  Gratuitous violence (graphic / excessive) **[ ]**  Pornography (specify):  **[ ]**  Other: **[ ]**  Restricted telephone use |
| **Other** |
| **[ ]**  No drug or alcohol use**[ ]**  Participation in therapy:  **[ ]**  Weekly **[ ]**  Semi-Monthly **[ ]**  Monthly **[ ]**  Group**[ ]**  Other:  |
| COMMENTS: (INCLUDE PROGRESS HERE) |
| These current restrictions/limitations were reviewed with the treatment team members below. **Note:** This document is not a change in the client’s Treatment Plan. Any changes to the Treatment Plan must be documented in a revised Treatment Plan and discussed and reviewed with the treatment team per DDA Policy 15.05. |
| CLIENT | LEGAL REPRESENTATIVE | RESIDENTIAL PROGRAM MANAGER |
| THERAPIST | DDA RESOURCE MANAGER | VOCATIONAL PROGRAM REPRESENTATIVE |
| OTHER | OTHER | OTHER |
| OTHER | OTHER | OTHER |