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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Residential Quality Assurance Certification Evaluation  Checklist for Alternative Living Providers** | |
| PROVIDER | | DATE |
| In preparation for your upcoming Alternative Living certification evaluation, please have current copies of all applicable items below ready for review by the contracted evaluator. If you have any questions or do not have copies of the documents below, please contact the DDA Resource Manager **or** DDA Case Manager for the individual you support.  Alternative Living contract  Individual Provider contract  Background check results letter (most recent)  Date that 75 hours of training was completed: ; or  Copy of DD Specialty Training certificate (if contracted before 01/01/2016)  Record of Continuing Education (CE) credits for the previous year  Record of CE credits for the current year  Training certificates:  CPR  First Aid  Blood Borne Pathogens with HIV / AID  Signed copy of DSHS form [10-403](https://www.dshs.wa.gov/sites/default/files/forms/word/10-403.doc), Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult.  Driver’s License  Auto insurance  **For each of the Alternative Living clients you support**:  Client Information Sheet(s)  Release of Information forms  Person Centered Service Plans  Positive Behavior Support Plans  Cross System Crisis Plans  Cross systems Crisis Plans  Alternative Living Service Plans  All reports submitted to DDA during the current evaluation period including:  Alternative Living Services Plan and Provider Report, DSHS form [10-269](https://www.dshs.wa.gov/sites/default/files/forms/word/10-269.docx)  Alternative Living Financial Reports, DSHS form [23-034](https://www.dshs.wa.gov/sites/default/files/forms/word/23-034.docx)  Service Verification / Attendance Records, DSHs form [10-104B](https://www.dshs.wa.gov/sites/default/files/forms/word/10-104B.docx)  Reports of unusual incidents and emergencies (DDA Companion Home and Alternative Living Services Incident Report, DSHS form [15-512](https://www.dshs.wa.gov/sites/default/files/forms/word/15-512.docx)) | | |