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| Name of Owner/E.D./Administrator: | Vendor Code: |
| Name of Program: | Vendor Number: |
| Address of Program: | Number of Participants & Ratio: |
| Name of Staff Interviewed: | Contact Information Phone & Email: |
| Date of Site Visit: | Reporting Month: |
| Names of Person present/Title: | Names of Person present/Title: |
| Additional Supports/Translators: | |

Checklist Tool for Non-Residential Day Services Settings

I. The setting is integrated in and supports full access to the greater community and control of personal resources... to the same degree of access as individuals without disabilities.

| Specific Questions | Evidenced by (select any of the following that apply): | Additional Comments/Describe Evidence of Compliance/Non-Compliance |
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| A. Does the provider facilitate going out into the broader community? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| B. On average, how often do individuals in this program go out to the broader community? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| C. Do the program options offered include non-disability-specific settings, | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual | |

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| <p>such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?</p> | <p><input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p> | |
| <p>D. Do the individuals served participate in the planning of activities?</p> | <p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: Weekly notes <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p> | |
| <p>E. Does the program provide knowledge or access to individuals regarding competitive employment?</p> | <p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p> | |
| <p>F. Does the individual have control of their own personal resources?</p> | <p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation</p> | |

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| | <p>Type of Documentation:</p> <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| <p>G. Is the program located among other businesses and services in the community that facilitates integration with the greater community?</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| <p>H. Does the program provide training and/or access to the use of public transportation?</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| <p>I. Does the program assure that tasks and activities are comparable to tasks and activities for people who do not have disabilities?</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |

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| <p>J. Is the program physically accessible?</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| <p>J. Please describe all other evidence of compliance with "I"</p> | | |

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| <p>Provider is complying with Rule #1</p> | <p>Yes:</p> | <p>No:</p> |
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II. The setting/program is selected by the individual from among setting options including non-disability specific settings. The setting options are identified and documented in the person-centered IPP or ISP and is based on the individual's need and preferences.

| Specific Questions | Evidenced by (select any of the following that apply): | Additional Comments/Describe Evidence of Compliance/Non-Compliance |
|--|--|--|
| <p>A. Does the setting reflect individual needs and preferences and do its policies ensure the</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP | |

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| informed choice of the individual? | <input type="checkbox"/> Written Documentation Type of Documentation: Pre-meeting <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| B. Do you document that the setting/program is what the person wants? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: Per-meeting <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| C. Please describe all other evidence of compliance with "II" | | |

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| Provider is complying with Rule #2 | Yes: | No: |
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III. The setting ensures an individual’s rights of privacy, dignity and respect, and freedom from coercion and restraint.

| Specific Questions | Evidenced by (select any of the following that apply): | Additional Comments/Describe Evidence of Compliance/Non-Compliance |
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| <p>A. Is all information about individuals kept private? (e.g. Do paid staff follow confidentiality policies/practices and ensure there are no posted schedules of individuals for PT, OT, medications in a public area?)</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| <p>B. Does the program assure that staff do not talk to other staff about an individual in the presences of other persons or in the presences of the individual as if they were not present? Is there space for private, confidential conversations?</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| <p>C. Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these</p> | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy | |

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| interventions in the person-centered plan? | <input type="checkbox"/> Other: | |
| D. Does the setting/program provide a document of rights in an accessible manner (and how often are rights reviewed)? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: Signed Rights form <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| E. Does the setting offer a secure place for the individual to store personal belongings? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| F. Please describe all other evidence of compliance with "III" | | |

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| Provider is complying with Rule #3 | Yes: | No: |
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IV. The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment and with whom to interact.

| Specific Questions | Evidenced by (select any of the following that apply): | Additional Comments/Describe Evidence of Compliance/Non-Compliance |
|---|---|--|
| <p>A. Does the setting/program support a variety of individual person-centered goals and needs?</p> | <p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p> | |
| <p>B. Does the program afford opportunities for individuals to choose with whom to do activities within the setting or outside of the setting? (indicate No if individuals are assigned to do activities with a certain group).</p> | <p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:</p> | |
| <p>C. Does the setting afford the opportunity for tasks and activities matched to individuals' skills, abilities and desires?</p> | <p><input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation:</p> | |

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| | <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| D. Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| E. Please describe all other evidence of compliance with "IV" | | |

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| Provider is complying with Rule #4 | Yes: | No: |
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V. The Program facilitates individual choice regarding services and supports, and who provides them.

| Specific Questions | Evidenced by (select any of the following that apply): | Additional Comments/Describe Evidence of Compliance/Non-Compliance |
|---|---|--|
| A. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: Weekly session notes <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| B. Does the setting policy ensure the individual is supported in developing plans to support their needs and preferences? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: ISP <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other: | |
| C. Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals? | <input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation Type of Documentation: <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy | |

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| | <input type="checkbox"/> Other: | |
| D. Please describe all other evidence of compliance with "V" | | |

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| Provider is complying with Rule #5 | Yes: | No: |
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