## Name of Individual: Click here to enter text.

# Personal Care Services for Children (under the age of 18)- Pandemic

#### The review is to be completed in the child’s home with the child present.

#### Name of family member who participated in review: Click here to enter text.

**Questions to ask the family:**

1. Does the service meet your family’s needs?  YES NO

Comments: Click here to enter text.

1. Do you feel comfortable with the person(s) who cares for your child?  YES NO

Comments: Click here to enter text.

1. What other services or support items will your child need this year? Click here to enter text.
2. Does your child have any unmet medical needs?  YES NO

Comments: Click here to enter text.

1. Does your child have any unmet mental health needs?  YES NO

Comments: Click here to enter text.

1. Have you been given information on what to do if you believe your child have been abused, neglected or exploited?  YES NO
2. Is there anything you would like your case manager to follow up with?  YES NO

Comments: Click here to enter text.

**Questions to ask staff**

Staff Name: Click here to enter text.

How long has staff been working with this individual? Click here to enter text.

How long has staff been working for this agency? Click here to enter text.

1. How did you learn how to support this individual? Click here to enter text.
2. Does this individual have special diet needs? (calories, food allergies, low sodium, etc.) YES NO

If yes, what? Click here to enter text.

Require special food preparation/eating supports? (pureed, food cutting, etc.) YES NO

If Yes, what? Click here to enter text.

Is he or she OK with this diet? YES NO

What do you do if the individual refuses to follow the diet? Click here to enter text.

1. The plan describes that the individual uses (assistive equipment/ technology Click here to enter description. ).

What support do they need for these items? Click here to enter text.

1. What are the individuals’ medical needs? Click here to enter text.

How do you support these needs? Click here to enter text.

If health services are needed, whom do you contact? Click here to enter text.

Do you receive follow up as to the outcome? YES NO

1. Does this individual have any rights or restrictive procedures? YES NO If yes, what? Click here to enter text.

Is this addressed in the individuals plan? YES NO

1. What behavior does this individual display? Click here to enter text.

How do you support this need? Click here to enter text.

1. Does this individual take medications? YES NO If so, what are the potential side effects or where do you go to find them? Click here to enter text.

1. Have you received a copy of the support plan? Click here to enter text.
2. According to the plan, what are the individual’s (insert applicable service: Click here to enter text.) goals? Click here to enter text.
3. What do you do:
4. In case of a tornado? Click here to enter text.
5. In case of a fire? Click here to enter text.
6. In case of a power outage? Click here to enter text.
7. If the next shift does not show up? Click here to enter text.
8. If you suspect abuse, neglect or exploitation? Click here to enter text.
9. Do you know how to make an ANE report directly to APS? (skip if mention above) YES NO
10. Do you have any questions or is there anything else that you would like to tell me? Click here to enter text.

**Questions the reviewer answers based on their observation/interview:**

Interactions were positive between the individual and parent/family? YES NO N/A

Interactions were positive between staff and the individual? YES NO N/A

**Kudos** (positive observations that the reviewer has noted about the staff, the individual receiving services, the site, etc.): Click here to enter text.

**Comments/Concerns**: Click here to enter text.

Name and role of QAC member(s) completing interview: Click here to enter text.

How did the interview take place? (Ex: Zoom, WebEx, Phone, Etc.) Click here to enter text.