

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Residential

If the person uses a communication method other than verbalization, please indicate how these questions were answered (i.e. family/staff answered questions, person indicated with non-verbal cues, etc.)

Questions to ask the person receiving services:

1. I understand that you like to _____ <small>(List community and other preferred activities from PCSP)</small>		
Do you get to do these as often as you like?	YES	NO

2. Do you go shopping for groceries and other things that you need?	YES	NO
If no, who does? _____ Are you OK with that?	YES	NO

3. Do you choose what you eat (i.e. for breakfast, lunch, supper, snacks)?	YES	NO
If no, who does? _____ Are you OK with that?	YES	NO
If you don't like what you have for a meal, do you get other choices?	YES	NO

4. In your home, what do you do:

- a. In case of a tornado? _____
- b. In case of a fire? _____
- c. In case the electricity goes out? _____
- d. If someone hurts/mistreats/is mean to you? _____
- e. If your staff does not show up for work? _____

5. Is your staff nice to you?	YES	NO
If no, explain: _____		

6. Does your staff answer your questions?	YES	NO
If no, explain: _____		

7. Does anyone ever take or keep things from you?	YES	NO
If yes, what/who? _____		

8. Do you feel safe living here?	YES	NO
If no, explain _____		

Do you have any questions or is there anything else that you would like to tell me?

Questions to ask staff

Staff Name: _____
How long has staff been working with this individual? _____
How long has staff been working for this agency? _____

1. Does this person:

a. Have special diet needs? <i>(calorie, modifications, allergies)</i>	YES	NO
If yes, what? _____		
Is there a doctor's order?	YES	NO
If no, where did you learn about the diet needs? _____		
Is he or she OK with following a diet?	YES	NO
What do you do if the person refuses to follow the diet? _____		
b. Have health issues?	YES	NO
If yes, what? _____		
How do you accommodate them? _____		
How did you learn how to do this? _____		
c. Have a notable impairment which requires additional assistance?	YES	NO
If yes, what? <i>(allergy, loss of hearing or vision, etc.)</i> _____		
How do you accommodate them? _____		

How did you learn about this? _____		
d. If health services are needed, whom do you contact? _____		
Do you receive follow up as to the outcome?	YES	NO
e. Have any restrictions?	YES	NO
If yes, what? _____		
Is this addressed in the person's plan?	YES	NO
Is it approved by the Behavior Management Committee?	YES	NO
f. Have behavior issues?	YES	NO
If yes, what? _____		
How do you handle them? _____		
How did you learn how to do this? _____		
g. Have a Behavior Plan?	YES	NO
If yes, have you received training on how to implement the plan?	YES	NO
h. Take psychotropic medications?	YES	NO
If so, what are the potential side effects or where do you go to find them?		

2. Where do you keep the PCSP? _____

3. Tell me how this person communicates whether she/he enjoys an activity.

4. What are the individual's residential goals?

5. What do you do:

- a. In case of a tornado? _____
- b. In case of a fire? _____
- c. In case of a power outage? _____
- d. If the next shift does not show up? _____

6. What are this agency's reporting procedures if you suspect abuse, neglect, or exploitation?

7. Do you know how to make an ANE report directly to APS? _____

Do you have any questions or is there anything else that you would like to tell me?

Questions the reviewer answers based on his/her observation:

1. As a reviewer, do you feel:				IF NO, EXPLAIN.
a. Interactions were positive between the person and other consumers?	YES	NO	N/A	_____
b. Interactions were positive between the staff and the person?	YES	NO	N/A	_____
c. The property is reasonably clean and well maintained?	YES	NO		_____
d. The property is safe and secure?	YES	NO		_____
e. There is adequate lighting inside and out?	YES	NO		_____
f. There is adequate space?	YES	NO		_____
g. The home is accessible to meet the person's needs?	YES	NO		_____
h. The services are consistent with the PCSP?	YES	NO		_____
	If no, what needs to change? _____			
i. The home was free of rights restrictions (i.e. alarms on doors, locked refrigerator or cabinets, etc.)?	YES	NO		_____
	If no, were restrictions addressed in the individual's plan?			
	YES	NO		_____

Kudos (positive observations that the reviewer has noted about the staff, the person receiving services, the home, etc.): _____

Comments/Concerns: _____
