

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Life Enrichment

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 _____
(List preferred activities from PCSP)

Do you get to do these as often as you like? YES NO

2. Do you get to help choose the activities that you do? YES NO

3. Do you get to do something different if you don't like what the others are doing? YES NO

4. What do you like about this program? _____

5. What do you not like about this program? _____

6. 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? _____

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

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

9. In your plan it states that you need help/support with _____
(List supports/training needs from PCSP)

Do you get that help when you need it? YES NO
If no, explain: _____

10. Do you feel safe coming here? YES NO
If no, explain: _____

11. Tell me what goals you are working on. _____

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? <small>(calorie, modifications, allergies)</small>	YES	NO
If yes, what? _____		
Is this per doctor's order?	YES	NO
If no, where did you learn about the diet needs?		

Is he or she OK with this 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? <small>(allergy, loss of hearing or vision, etc.)</small> _____		
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 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? _____

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:

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 site 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 site is free of rights restrictions? | YES | NO | | _____ |
| If no, are 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 site, etc.): _____

Comments/Concerns: _____