

SEDGWICK COUNTY
DEVELOPMENTAL DISABILITY ORGANIZATION

Children's Services (under the age of 18 years)

This review is to be completed in the child's home with the child present if appropriate

Child's Name: _____ Date: _____
Parent surveyed: _____
Child's Case Manager: _____

Family Review

Does the service meet your family's needs? YES SOMETIMES NO
COMMENTS _____

Do you feel comfortable with the person(s) YES SOMETIMES NO
who cares for your child?
COMMENTS _____

What other services or products will your child need this year?

Does your child have any unmet medical needs? YES SOMETIMES NO
COMMENTS _____

Does your child have any unmet mental health needs? YES SOMETIMES NO
COMMENTS _____

Have you been given information on what to do if you YES NO
believe your child has been abused, neglected, or exploited?

Is there anything you would like your YES NO
Case Manager to follow up with? _____

Staff Review

Staff Name: _____

How long has staff been working with this individual? _____

How long has staff been working for this agency? _____

1. Does this child:
 - a. Have special diet needs? (calorie, modifications, allergies) YES NO
If yes, what? _____
 - b. Have health needs? YES NO
If yes, what? _____
How do you accommodate them? _____
 - c. Have a notable impairment which requires additional assistance? YES NO
If yes, what? (allergy, loss of hearing or vision, etc.) _____
How do you accommodate them? _____
 - d. Have behavior needs? YES NO
if yes, what? _____
How do you handle them? _____
 - e. Have a Behavior Plan? YES NO
If yes, have you received training on how to implement the plan? YES NO
 - f. Take 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 about the child's goals. _____

4. 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 person is hurt/sick? _____
 - e. If the next shift does not show up for work? _____
 - f. If you suspect abuse, neglect or exploitation? _____

5. 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?

Reviewer Observations

As a reviewer, do you feel:

IF NO, EXPLAIN.

- | | | | | |
|--|-----|----|-----|-------|
| a. Interactions were positive between the staff and the child? | YES | NO | N/A | _____ |
| b. The property is reasonably clean and well maintained? | YES | NO | | _____ |
| c. The property is safe and secure? | YES | NO | | _____ |
| d. The home is accessible to meet the child's needs? | YES | NO | | _____ |
| e. The services are consistent with the PCSP? | YES | NO | | _____ |
| If no, what needs to change? _____ | | | | |

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

Comments/Concerns: _____