



DIVISION OF LICENSED RESOURCES (DLR)
 BEHAVIORAL REHABILITATIVE SERVICES (BRS)
**Comprehensive Review:
 DLR Program Review**

AGENCY NAME	TIME PERIOD BEING REVIEWED
REVIEWER(S)	DATE(S)

Program Policies and Procedures

REQUIREMENT	YES	NO	COMMENTS
Program description	<input type="checkbox"/>	<input type="checkbox"/>	
Non-discrimination policy RCW 49.60.030	<input type="checkbox"/>	<input type="checkbox"/>	
Religious freedom policy	<input type="checkbox"/>	<input type="checkbox"/>	
ICW requirements policy	<input type="checkbox"/>	<input type="checkbox"/>	
Abuse and neglect reporting policies	<input type="checkbox"/>	<input type="checkbox"/>	
Incident reporting and tracking policy	<input type="checkbox"/>	<input type="checkbox"/>	
Confidentiality of records	<input type="checkbox"/>	<input type="checkbox"/>	
Major changes in organization or facility are reported to licensor	<input type="checkbox"/>	<input type="checkbox"/>	
Assigning work (chores) for children in care	<input type="checkbox"/>	<input type="checkbox"/>	
Agency provides clothing and hygiene products	<input type="checkbox"/>	<input type="checkbox"/>	
Medication Management policy including psychotropic medications	<input type="checkbox"/>	<input type="checkbox"/>	
Site free from hazards and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	

Medication Log

REQUIREMENT	YES	NO	COMMENTS
Written approval to give any medication, including OTC. Verify with medical professional prescriptions are not contraindicated.	<input type="checkbox"/>	<input type="checkbox"/>	
Psychotropic meds consent (parent, court order, youth 13 yrs. or older and competent to provide own consent, or CA worker if the child is legally free)	<input type="checkbox"/>	<input type="checkbox"/>	
Written approval for self-administration (13 years or older)	<input type="checkbox"/>	<input type="checkbox"/>	

Medication Log: Details of medication dispensed	<input type="checkbox"/>	<input type="checkbox"/>	
Missed or refused medication logged	<input type="checkbox"/>	<input type="checkbox"/>	
Reason medication was missed, or refused	<input type="checkbox"/>	<input type="checkbox"/>	
Incorrectly dispensed medication (wrong dose or medication)	<input type="checkbox"/>	<input type="checkbox"/>	
Consultation with medical provider (physician, pharmacist, etc.) for incorrect dispensing or reactions	<input type="checkbox"/>	<input type="checkbox"/>	
Sharps and medication safe disposal	<input type="checkbox"/>	<input type="checkbox"/>	
Daily Communications Log			
REQUIREMENT	YES	NO	COMMENTS
Documentation of outings/activities and participants	<input type="checkbox"/>	<input type="checkbox"/>	
Narrative to note behavior, therapy and issues of residents	<input type="checkbox"/>	<input type="checkbox"/>	
Health or safety issues documented	<input type="checkbox"/>	<input type="checkbox"/>	
Staff review of log during each shift	<input type="checkbox"/>	<input type="checkbox"/>	
Staff-to-resident ratio on each shift	<input type="checkbox"/>	<input type="checkbox"/>	
On-call and relief staff called in during emergencies	<input type="checkbox"/>	<input type="checkbox"/>	
After-hours numbers available for supervisor	<input type="checkbox"/>	<input type="checkbox"/>	
Facility Walk-Through			
REQUIREMENT	YES	NO	COMMENTS
Building conveys clean, favorable, welcoming atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	
Grounds, office, and living areas are free of obvious hazards	<input type="checkbox"/>	<input type="checkbox"/>	
Furnishings based on age and activities of residents and is in good repair	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate beds and space in bedroom	<input type="checkbox"/>	<input type="checkbox"/>	
Bedrooms personalized, clean, free of contraband	<input type="checkbox"/>	<input type="checkbox"/>	
Outlets covered if serving children under age six (6)	<input type="checkbox"/>	<input type="checkbox"/>	

If required, sharp objects (razors, knives, etc.) in locked storage.	<input type="checkbox"/>	<input type="checkbox"/>	
Easy emergency access to all rooms for children	<input type="checkbox"/>	<input type="checkbox"/>	
Posted disaster and evacuation plan. Supplies (i.e., water) in stock	<input type="checkbox"/>	<input type="checkbox"/>	
Egress windows	<input type="checkbox"/>	<input type="checkbox"/>	
Address clearly visible	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Home: alcohol inaccessible; no smoking; weapons locked in gun safe	<input type="checkbox"/>	<input type="checkbox"/>	
Cleaning products and toxic chemicals not accessible to preschool or impaired residents. Properly labeled and stored separately from food.	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid supplies readily available	<input type="checkbox"/>	<input type="checkbox"/>	
All medications in locked storage. External separated from internal medications. Pet medications secured separately.	<input type="checkbox"/>	<input type="checkbox"/>	
Fire drills conducted and logged	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting devices are available	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Telephones are accessible, in working order and emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	
Clients are safe around man-made and natural bodies of water	<input type="checkbox"/>	<input type="checkbox"/>	
Residents instructed in evacuation procedures	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors and windows must be easily opened without a key or special instructions	<input type="checkbox"/>	<input type="checkbox"/>	
There are no fire hazards or obstructed exits	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers and smoke detectors inspected, maintained, and tested. Documented.	<input type="checkbox"/>	<input type="checkbox"/>	

Transporting DSHS Clients			
REQUIREMENT	YES	NO	COMMENTS
Vehicle is maintained in safe operating condition	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles are insured	<input type="checkbox"/>	<input type="checkbox"/>	
Number of passengers does not exceed the seating capacity of the vehicle	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle is equipped with appropriate safety devices/seat belts and child passenger restraints as applicable	<input type="checkbox"/>	<input type="checkbox"/>	
Summary of Program Review			
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Compliance Agreement		REVIEWER'S SIGNATURE	DATE