

**Checklist Tool for Non-Residential Service Settings**

<b>Vendor Name</b>	
<b>Vendor Number</b>	
<b>Service Code</b>	
<b>Regional Center</b>	

**Federal Requirement #1**

The setting/service is integrated in and supports full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving regional center services.

- 1a. Does the provider facilitate going out into the broader community?
- 1b. On average, how often do individuals in this program go out to the broader community?
- 1c. Do the program options offered include non-disability-specific settings, such as competitive employment in an integrated public setting, volunteering in the community, or engaging in general non-disabled community activities such as those available at a YMCA?
- 1d. Do the individuals served participate in the planning of activities?
- 1e. Does the program provide knowledge or access to individuals regarding competitive employment?
- 1f. Is the program located among other businesses, services in the community that facilitates integration with the greater community?
- 1g. Does the program provide training and/or access to the use of public transportation?
- 1h. Does the program assure that tasks and activities are comparable to tasks and activities for people who do not have disabilities?
- 1i. Is the program physically accessible?

<b>Met</b>	<b>Not Met</b>	<b>Evidence by:</b>
		<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:

**Comments** (please describe how this requirement was met or not met and any additional information pertaining to outcomes):

## **Federal Requirement #2**

The setting/service is selected by the individual from among various options, including non-disability specific options and an option for a private room in a residential setting. The options are identified and documented in the Individual Program Plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

*2a. Does the setting reflect individual needs and preferences and do its policies ensure the informed choice of the individual?*

*2b. Do you document that the setting/program is what the person wants?*

<b>Met</b>	<b>Not Met</b>	<b>Evidence by:</b>
		<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:

**Comments** (please describe how this requirement was met or not met and any additional information pertaining to outcomes):

### **Federal Requirement #3**

The setting/service ensures an individual's rights of privacy, dignity, respect, and freedom from coercion and restraint.

- 3a. *Is all information about individuals kept private? (e.g. Do paid staff follow confidentiality policies/practices and ensure there are no posted schedules of individuals for PT, OT, medications in a public area?)*
- 3b. *Does the program assure that staff do not talk to other staff about an individuals in the presences of other persons or in the presences of the individual as if they were not present? Is there space for private, confidential conversations?*
- 3c. *Does the setting policy require that the individual and/or representative grant informed consent prior to the use of restraints and/or restrictive interventions and document these interventions in the person-centered plan?*
- 3d. *Does the setting/program provide a document of rights in an accessible manner (and how often are rights reviewed)?*
- 3e. *Does the setting offer a secure place for the individual to store personal belongings?*

Met	Not Met	Evidence by:
		<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:

**Comments** (please describe how this requirement was met or not met and any additional information pertaining to outcomes):

**Federal Requirement #4**

The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to daily activities, physical environment and with whom to interact.

*4a. Does the setting/program support a variety of individual person-centered goals and needs?*

*4b. Does the program afford opportunities for individuals to choose with whom to do activities within the setting or outside of the setting? (indicate No if individuals are assigned to do activities with a certain group).*

*4c. Does the setting afford the opportunity for tasks and activities matched to individuals’ skills, abilities and desires?*

*4d. Does the setting afford a variety of meaningful non-work activities that are responsive to the goals, interests and needs of individuals? Does the physical environment support a variety of individual goals and needs (for example, does the setting provide indoor and outdoor gathering spaces; does the setting provide for larger group activities as well as solitary activities; does the setting provide for stimulating as well as calming activities)?*

Met	Not Met	Evidence by:
		<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:

**Comments** (please describe how this requirement was met or not met and any additional information pertaining to outcomes):

## **Federal Requirement #5**

The setting/service facilitates individual choice regarding services and supports, and who provides them.

*5a. Does the setting afford individuals the opportunity to regularly and periodically update or change their preferences?*

*5b. Does the setting policy ensure the individual is supported in developing plans to support their needs and preferences?*

*5c. Is setting staff knowledgeable about the capabilities, interests, preference and needs of individuals?*

<b>Met</b>	<b>Not Met</b>	<b>Evidence by:</b>
		<input type="checkbox"/> Visual observation <input type="checkbox"/> Statement of individual <input type="checkbox"/> Individual IPP/ISP <input type="checkbox"/> Written Documentation <input type="checkbox"/> Provider Statement <input type="checkbox"/> Written Provider Policy <input type="checkbox"/> Other:

**Comments** (please describe how this requirement was met or not met and any additional information pertaining to outcomes):