

Service Provider: Click or tap here to enter text.

Date of Site visit: Click or tap here to enter text.

The Final Rules are:

- ✓ discussed with all staff and people receiving regional center services.
- ✓ translated as needed into the language most understood by the person served and their support circle (family, friends, etc.).
- ✓ supported by staff and administrators.
- ✓ are documented effectively, this may include: a participant handbook, in ISPs, in a communication record, etc.
- ✓ required and an individual may have a modification documented in their IPP if there is a health and safety risk.

### **Federal Requirement 1: Access to the Community**

*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*

- Do individuals receive services in the community based on their needs, preferences, and abilities?
  - Yes; Needs, preferences determined by Click or tap here to enter text.
  - No
- Does the individual participate in their community? Is this documented as part of his or her plan for services?
  - Yes: Click or tap here to enter text.
  - No
- If an individual wants to seek paid employment, does is the individual referred to an appropriate community agency/resource?
  - Individuals have not expressed desires to seek paid employment
  - If desire for employment is expressed, individuals will be referred to Click or tap here to enter text.
- Do individuals have the option to control their personal resources, as appropriate?
  - Yes: Click or tap here to enter text.
  - No
- Comments: Click or tap here to enter text.

### **Federal Requirement 2: Choice of Setting**

*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.*

- Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals?
  - Yes
  - No
- Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
  - Yes

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No

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### **Federal Requirement 3: Right to be Treated Well**

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

- Does the provider inform individuals, in a manner they can understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?  
 Yes  
 No
- Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality?  
 Yes  
 No
- Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?  
 Yes  
 No
- Comments: Click or tap here to enter text.

### **Federal Requirement 4: Independence**

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

- Does the provider offer regular activities that are based on the individual's needs and preferences?  
 Yes  
 No
- Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in their community?  
 Yes  
 No
- Does the provider structure supports so that the individual is able to participate in activities that interest them and correspond with their IPP goals?  
 Yes  
 No
- Comments: Click or tap here to enter text.

### **Federal Requirement 5: Choice of Services and Supports**

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

- Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available?  
 Yes  
 No
- Do individuals have opportunities to modify their services and/or voice their concerns outside

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of the scheduled review of services?

Yes

No

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### **Federal Requirement 6: Residential Agreement**

*A lease, residence agreement or other form of written agreement is in place for each participant and the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.*

- Does each resident have a residential agreement or lease? When and how is it reviewed with each person?
  - Yes
  - No
- Does the residential agreement or lease contain eviction and appeals policies comparable to those under the county's landlord-tenant law? Where is this documented and how is it reviewed with each person?
  - Yes
  - No
- Are the guidelines for furnishing and painting explained in the resident agreement or lease? When is it reviewed with each person?
  - Yes
  - No
- Is the right to have visitors at any time written into the residential agreement or lease?
  - Yes
  - No
- Is the resident agreement reviewed with each person and their supportcircle in the most effective communication method before move-in and at least annually? Where is this documented?
  - Yes
  - No
- Comments: Click or tap here to enter text.

### **Federal Requirement 7: Privacy**

*Each individual has privacy in his/her sleeping or living unit.*

#### **1. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.**

- Do all bedroom doors have a key or digital lock with only the individual, family, and staff having access to the key or code, unless documented with a health and safety modification in their IPP?
  - Yes
  - No
- Do all staff know where the master bedroom keys or codes are securely kept and use them for emergencies only?

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Yes

No

- Does every resident have a key or the code to the front door or any other door or gate to the house unless a modification is documented in their IPP?

Yes

No

**2. *Individuals sharing units have a choice of roommates in that setting.***

- What is your process before move-in for people to choose their roommate? Where is this conversation documented? Is it reviewed at the monthly resident meetings?

Yes

No

- Where is the process for changing roommates documented? How is it explained to each resident? Where is it documented? [Click or tap here to enter text.](#)

Yes

No

**3. *Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.***

- Is every resident encouraged to decorate their room? Where is this documented and how is it reviewed with each person?

Yes

No

- Are all staff trained on privacy policies and procedures upon hire and reviewed at least annually? Where is this documented?

Yes

No

- Comments: [Click or tap here to enter text.](#)

**Federal Requirement 8: Schedule and Access to Food**

*Individuals have the freedom and support to control their own schedules and activities and have access to food at any time.*

- Are food, beverages, and access to the kitchen accessible at any time? How is this communicated with each resident at move in and reviewed regularly? Where is this documented?

Yes

No

- Do the residents help create the menu, taking into consideration their preferences? Where is this documented and how is it reviewed with each person?

Yes

No

- Does each person know that they have the choice to dine out or have food delivered at their own expense, at any time? And that staff are available to assist? Where is this documented and how is it reviewed with each person?

Yes

No

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### **Federal Requirement 9: Right to Visitor**

*Individuals can have visitors of their choosing at any time.*

- Are visitors encouraged as desired by the individual? Including overnight guests? Where is this documented and how is it reviewed with each person? Click or tap here to enter text.  
 Yes  
 No
- When do roommates have the opportunity to discuss their experience with visitors at the monthly resident meetings? Where is this documented? Click or tap here to enter text.  
 Yes  
 No
- How do staff support having visitors at all times, including transportation to and from overnight visits that are not in the home? How is this communicated to the residents and where is it documented?  
 Yes  
 No
- Comments: Click or tap here to enter text.

### **Federal Requirement # 10**

- Is the home and yard fully accessible, as appropriate to everyone in the program or home? When and how do you review necessary changes?  
 Yes; Observed/Policy found: Click or tap here to enter text.  
 No
- Do the administrator and staff provide individuals with adaptations as needed? How often is this reviewed?  
 Yes  
 No
- Comments: Click or tap here to enter text.

### **Individual Conversations**

Initials of the Individual: \_\_\_\_\_

- **Do you enjoy your day service/job? Do you enjoy where you live?**  
 Yes, what do you like about the program? Click or tap here to enter text.  
 No, why? Click or tap here to enter text.
- **Do you choose what you do every day?**  
 Yes, what activities do you engage in at program that you enjoy?  
Click or tap here to enter text.  
 No
- **Do you know your individual rights for privacy, dignity, respect and freedom from coercion and restraint?**  
 Yes, Staff have shared this information with me  
 No, I don't know about these rights
- **Do staff communicate with you in a way you can understand and in a private and confidential way?**

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Yes

No

- **Do you have the chance to interact with people you choose to when you are out in the community with others during day services or at home?**

Yes

No

- **Do you like working with the program staff who support you?**

Yes

No: Do you know who to talk to let them know you want to change support staff?

- **What else would you like to share with me about your life?**

Click or tap here to enter text.

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Initials of the Individual: \_\_\_\_\_

- **Do you enjoy your day service/job? Do you enjoy where you live?**

Yes, what do you like about the program?

No, why?

- **Do you choose what you do every day?**

Yes, what activities do you engage in at program that you enjoy?

No

- **Do you know your individual rights for privacy, dignity, respect and freedom from coercion and restraint?**

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  - Yes
  - No: Do you know who to talk to let them know you want to change support staff?
- **What else would you like to share with me about your life?**
  - Yes
  - No

**Examples of Documentation to Provide:**

- ❖ Documentation of regular (monthly) resident meetings
- ❖ Policies and procedures manual
- ❖ Participant Handbook
- ❖ Documentation before admission of accessibility assessment for each person
- ❖ Admission/Orientation checklist

**Meets Final Rule**

- Yes
- No

**Does not meet Final Rule:**

- Yes
- No

**Cap Required**

- Yes
- No

**Comments:**

Click or tap here to enter text.

**NBRC signature** \_\_\_\_\_

**Vendor Signature** \_\_\_\_\_