

Family Care Home Recertification Checklist

Family Care Provider:	Family Care Co-Provider (if applicable):
Operating Certificate #:	Operating Certificate Dates: ____/____/____ to ____/____/____
Physical Address:	City/Zip:
Phone #: ()	Certified Capacity: Respite Beds:

LIST ALL SERVICE RECIPIENTS IN THE HOME		LIST ALL OTHER HOUSEHOLD MEMBERS IN THE HOME	
Name	TABS ID	Name	Date of Birth

Recertification Requirements

Verified By:	
	The Family Care Provider continues to make arrangements to meet the needs of the individuals supported, including but not limited to health, habilitation, transportation, or other services important to the individual.
	The Family Care Provider completed all required trainings.
	The Family Care Provider read, reviewed, and signed the <i>Reaffirmation Statement for Recertification (Form 240)</i> .
	An <i>Application for Family Care Home Certification (LS-22)</i> was completed if significant structural changes or changes to household composition took place in the home.
	The Family Care Provider obtained an updated physician's statement indicating the Provider is in good health and physically and emotionally capable of continuing as a Family Care Provider.
	Fire and safety inspection was completed by an OPWDD Safety & Security Officer, any issues have been remedied, and the property was found to be safe.

	There is a written Fire Evacuation Plan that meets the needs of all individuals supported in the home and at least six months of fire drill forms were reviewed to ensure completion and adherence to policy.
	The Family Care Provider has read, reviewed, and signed the Justice Center's Code of Conduct form annually.
	The <i>State Central Register of Child Abuse and Maltreatment Clearance Form</i> was completed on any household member age 18 or older, residing in the home, if not previously completed.
	The Justice Center Criminal Background Check was completed on any household member age 18 or older, residing in the home, if not previously completed.
	The Staff Exclusion List background check was completed for any household member age 18 or older, residing in the home, if not previously completed.
	The Family Care Provider continues to have adequate financial resources to meet the needs of the household.
	An in-home recertification visit was completed using the OPWDD approved review instrument and any issues have been remedied.
	A comprehensive review of <u>all</u> incident reports filed since the last review was conducted and the provider is meeting the health and safety needs of the individual(s) being served.
	All current plans were reviewed for compliance including but not limited to, Residential Habilitation plans, Individualized Service Plans/Life Plans, Behavior Support Plans.
	All applicable consent forms and committee reviews were obtained for Behavior Support Plans including restrictive or intrusive interventions and for any use of medication to modify behavior or treat a psychiatric condition.
	A comprehensive healthcare review of at least one year of medical information was completed and there is evidence of appropriate follow up.
	A minimum of six (6) months of <i>Family Care Program Monthly Visit forms (Form 239)</i> was reviewed and any deficiencies corrected.
	A minimum of six (6) months of Personal Allowance ledgers was reviewed and it is verified that the Provider is complying with Personal Allowance Regulations.
	The Family Care Provider has not been convicted of a Class A, B, or C felony

Signature

Date