## Name of Individual: Click here to enter text.

# Personal Care Services for Children (under the age of 18)

#### The review is to be completed in the child’s home with the child present.

#### Name of family member who participated in review: Click here to enter text.

**Questions to ask the family:**

1. Does the service meet your family’s needs? [ ]  YES [ ] NO

Comments: Click here to enter text.

1. Do you feel comfortable with the person(s) who cares for your child? [ ]  YES [ ] NO

Comments: Click here to enter text.

1. What other services or support items will your child need this year? Click here to enter text.
2. Does your child have any unmet medical needs? [ ]  YES [ ] NO

Comments: Click here to enter text.

1. Does your child have any unmet mental health needs? [ ]  YES [ ] NO

Comments: Click here to enter text.

1. Have you been given information on what to do if you believe your child have been abused, neglected or exploited? [ ]  YES [ ] NO
2. Is there anything you would like your case manager to follow up with? [ ]  YES [ ] NO

 Comments: Click here to enter text.

**Questions to ask staff**

Staff Name: Click here to enter text.

How long has staff been working with this individual? Click here to enter text.

How long has staff been working for this agency? Click here to enter text.

1. How did you learn how to support this individual? Click here to enter text.
2. Does this individual have special diet needs? (calories, food allergies, low sodium, etc.) [ ] YES [ ] NO

 If yes, what? Click here to enter text.

Require special food preparation/eating supports? (pureed, food cutting, etc.) [ ] YES [ ] NO

 If Yes, what? Click here to enter text.

 Is he or she OK with this diet? [ ] YES [ ] NO

 What do you do if the individual refuses to follow the diet? Click here to enter text.

1. The plan describes that the individual uses Click here to enter description of the assistive equipment/ technology.).

What support do they need for these items? Click here to enter text.

1. What are the individuals’ medical needs? Click here to enter text.

How do you support these needs? Click here to enter text.

 If health services are needed, whom do you contact? Click here to enter text.

Do you receive follow up as to the outcome? [ ] YES [ ] NO

1. What behavior does this individual display? Click here to enter text.

 How do you support this need? Click here to enter text.

1. Does this individual take medications? [ ] YES [ ] NO If so, what are the potential side effects or where do you go to find them? Click here to enter text.
2. Where do you keep the support plan? Click here to enter text.
3. According to the plan, what are the individual’s Personal Care Services goals? Click here to enter text.
4. What do you do:
5. In case of a tornado? Click here to enter text.
6. In case of a fire? Click here to enter text.
7. In case of a power outage? Click here to enter text.
8. If the next shift does not show up? Click here to enter text.
9. If you suspect abuse, neglect or exploitation? Click here to enter text.
10. Do you know how to make an ANE report directly to APS? (skip if mentioned above) [ ] YES [ ] NO
11. Do you have any questions or is there anything else that you would like to tell me? Click here to enter text.

**Questions the reviewer answers based on their observation/interview:**

Interactions were positive between the individual and parent/family. [ ] YES [ ] NO [ ] N/A

Interactions were positive between staff and the individual. [ ] YES [ ] NO [ ] N/A

The services are consistent with the support plan. [ ] YES [ ] NO

 If no, please explain: Click here to enter text

The individual was free of rights restrictions or restrictive interventions (i.e. alarms on doors, locked refrigerator or cabinets, etc). [ ] YES [ ] NO

 If no, please explain: Click here to enter text.

**The Property:**

* Reasonably clean and well maintained. [ ] YES [ ] NO
* Safe and secure. [ ] YES [ ] NO
* Has adequate lighting inside and out. [ ] YES [ ] NO
* Has adequate space. [ ] YES [ ] NO
* Accessible to meet the individuals needs. [ ] YES [ ] NO

**Kudos** (positive observations that the reviewer has noted about the staff, the individual receiving services, the site, etc.): Click here to enter text.

**Comments/Concerns**: Click here to enter text.