

DEPARTMENT OF DEVELOPMENTAL SERVICES

LICENSURE AND CERTIFICATION

PROVIDER FOLLOW-UP REPORT

Provider: Community Autism Resources

Provider Address: 33 James Reynolds Rd C, Swansea

Name of Person Kate Dansereau
Completing Form: _____

Date(s) of Review: 12-OCT-22 to 13-OCT-22

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	

Summary of Ratings

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Employment and Day Supports Areas Needing Improvement on Standard not met - Identified by DDS

Indicator #	L8
Indicator	Emergency Fact Sheets
Area Need Improvement	Two of the seven emergency fact sheets did not contain photos of the individuals. The agency needs to ensure emergency fact sheets contain a photo of the individual.
Process Utilized to correct and review indicator	All of the student files have been checked and updated with photos to accompany their EFS if they were not included
Status at follow-up	Completed
Rating	Met

Indicator #	L80
Indicator	Symptoms of illness
Area Need Improvement	Staff have not received training on how to recognize signs and symptoms of illness. The agency needs to ensure staff are trained on how to recognize signs and symptoms of illness.
Process Utilized to correct and review indicator	Staff was all trained with DDS Sign and Symptoms training materials at our staff meeting on 2/28 and training records for employees have been updated to reflect that.
Status at follow-up	
Rating	Met