

**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**LICENSURE AND CERTIFICATION**  
**PROVIDER FOLLOW-UP REPORT**

**Provider:** Collaborative for Regional  
Educational Services and Training

**Provider Address:** 20 Shattuck Road , Andover

**Name of Person** Meghan McLaughlin  
**Completing Form:**

**Date(s) of Review:** 09-AUG-22 to 10-AUG-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**

<b>Indicator #</b>	L8
<b>Indicator</b>	Emergency Fact Sheets
<b>Area Need Improvement</b>	The emergency fact sheets for three individuals did not include all required components such as relevant medical diagnoses and prescribed medications. The agency needs to ensure that emergency fact sheets include all required components as outlined in the DDS OQE Interpretations.
<b>Process Utilized to correct and review indicator</b>	During the licensing audit, CREST added all missing information to all Emergency Fact sheets utilizing health care records on HCSIS, consent forms filled out by parents/guardians/providers and reached out to families/guardians/providers for any missing information not found in those documents. Since the audit, the program continues to update the EFS as new or updated information becomes available to us.
<b>Status at follow-up</b>	All EFS for each participant in the program has necessary information on the EFS.
<b>Rating</b>	Met