

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

Provider: SOUTH SHORE SUPPORT
SERVICES, INC. _____

Provider Address: 317 Libbey Industrial Pkwy. B300 ,
Weymouth _____

Name of Person Mary Burt
Completing Form: _____

Date(s) of Review: 02-JAN-20 to 07-JAN-20

Follow-up Scope and results :		
Service Grouping	Licensure level and duration	# Indicators std. met/ std. rated
Employment and Day Supports	2 Year License	1/1

Summary of Ratings

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

Indicator #	L50
Indicator	Respectful Comm.
Area Need Improvement	At one location, oral communication was not respectful as the individuals were referred to as "kids". The agency needs to ensure that all communication is respectful.
Process Utilized to correct and review indicator	Assignment of Relias online training in Person-First Language to identified employee. Successful completion of training paired with verbal reminders as needed going forward. In addition, importance of respectful communication will be incorporated into this employee's monthly supervision with the Executive Director.
Status at follow-up	Training and development of supervision process has been successfully completed.
Rating	Met