

## Behavior Support

\_\_\_\_\_ County Board of MRDD

Item #	Question	Reviewer Guidelines	ID#	ID#	ID#	ID#	S/P/N/NA
1.	Is the Behavior Support Plan aversive? <ul style="list-style-type: none"> <li>○ Yes</li> <li>○ No</li> </ul> If the answer is “No”: Stop here If the answer is “Yes”: Continue  Type of aversive: <ul style="list-style-type: none"> <li>○ Mechanical Restraint</li> <li>○ Chemical Restraint</li> <li>○ Physical Restraint</li> <li>○ Time Out</li> <li>○ Other:</li> </ul>						
2.	Was a behavior assessment completed prior to implementation?  OAC [5123: 2-1-02 (J)(2)(b)].	<i>The behavior assessment may include the following elements:</i> <ul style="list-style-type: none"> <li>○ <i>Baseline data</i></li> <li>○ <i>Antecedents (Predictors) to behavior</i></li> <li>○ <i>Consequences of behavior</i></li> <li>○ <i>Medical Factors</i></li> </ul>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	Was the need for a behavior support plan identified? OAC [5123: 2-1-02 (J)(2)(b)]	<i>How was the need identified?</i>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
4.	Does the <b>ISP</b> reflect behavior support strategies? OAC [5123: 2-1-02 (J)(2)(c)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

**Reviewer's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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5.	<p>Does the behavior support plan include:</p> <ul style="list-style-type: none"> <li>○ Case History (including medical information)?</li> <li>○ Results of a behavior assessment?</li> <li>○ Baseline Data?</li> <li>○ Behaviors to be increased and decreased?</li> <li>○ Procedures to be used?</li> <li>○ Persons responsible for implementation?</li> <li>○ Review guidelines?</li> <li>○ Signature /date blocks including space for dissenting opinions?</li> </ul> <p>OAC [5123: 2-1-02 (J)(2)(m)]</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
6.	<p>Have staff responsible for implementation been trained on the behavior support plan? [5123:2-1-02 (J)(2)(n)]</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
7.	<p>Are behavior support methods employed with sufficient safeguards and supervision to ensure that the safety, welfare, due process and civil and human rights of individuals are adequately protected? OAC [5123: 2-1-02 (J)(f)]</p>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
8.	<p>Does the behavior support plan contain prohibited actions?</p> <ul style="list-style-type: none"> <li>○ Physical abuse (any action to inflict pain)</li> <li>○ Any sexual abuse of an individual</li> <li>○ Medically or psychologically contraindicated procedures</li> <li>○ Any psychological/verbal abuse</li> </ul>		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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	(threatening, ridiculing or using abusive or demeaning language) <ul style="list-style-type: none"> <li>○ Placing an individual in a room with no light</li> <li>○ Subjecting the individual to damaging or painful sound</li> <li>○ Denial of breakfast, lunch or dinner</li> <li>○ Squirting an individual with any substance as a consequence for a behavior</li> <li>○ Time out in a time-out room exceeding one hour for any one incident and exceeding more than two hours in a twenty-four hour period</li> </ul> OAC [5123: 2-1-02(J)(q) (i-ix)]						
9.	Was informed consent obtained and documented <ul style="list-style-type: none"> <li>○ Prior to plan implementation?</li> <li>○ When plan was revised?</li> <li>○ Annually?</li> </ul> OAC [5123:2-1-02 (J)(2)(o)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
10..	Did the human rights committee review the behavior support plan prior to implementation?  OAC [5123:2-1-02 (J)(2)(k)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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11.	Does the human rights committee include at least: <ul style="list-style-type: none"> <li>○ (1) parent or guardian of individual eligible to receive county board services</li> <li>○ (1) staff member of the county board or provider convening the committee</li> <li>○ An individual receiving services from the county board</li> <li>○ Qualified persons who have either experience or training in contemporary practices to support behaviors of individuals with developmental disabilities</li> <li>○ (1) member with no direct involvement in the county board's programs</li> </ul> OAC [5123:2-1-02 (J)(2)(k)]		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
12.	Did the behavior support committee review behavior support plans <ul style="list-style-type: none"> <li>○ Prior to plan implementation?</li> <li>○ Ongoing plans</li> </ul> OAC [5123:2-1-02 (J)(2)(j)]?		Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
13.	Are plans reviewed at least every thirty days? OAC [5123:2-1-02 (J)(2)(p)]?	Status reports  * 5 day grace period	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
	Does the county board have a method of tracking behaviors?						
	Has the plan been effective?						

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ACC 12/07