South Carolina Department of Disabilities & Special Needs
Provider Self-Assessment Tool for DDSN Licensure During COVID-19 State of Emergency

Provider: _____ Date of Assessment:_____ Completed by:_____

Setting Type: ☐ CTH I_____
(Name/Address)
☐ CTH II_____
(Name/Address)
☐ SLP II_____
(Name/Address)

Other Purpose:_____

In order to ensure facilities maintain current licensure, the licensing self-assessment will be used during emergency/extreme situations when the normal licensing process is unable to be completed. The assessment may be completed by a coordinator level staff member and will require the review and approval of the Executive Director/Pres/CEO. Any item unmet at the time of the assessment requires an explanation and detailed description of the plan to address the issue.

Upon completion of the Self-Assessment, the provider should submit a scanned copy to License@ddsn.sc.gov. The original document must be maintained with provider files.

#	Requirement			Comments	Plan to Address Issue	Completion Date
1	Sufficient staff shall be available 24 hours daily to respond to the needs of the residents and implement their programs.	Met ☐	Not Met ☐			
2	Fire extinguishers are available and have been inspected to be in good working order.	Met ☐	Not Met ☐			
3	Carbon monoxide detectors are available, if conditions warrant.	Met ☐	Not Met ☐			
4	Monthly, quarterly, semi-annual fire sprinkler inspections are current.	Met ☐	Not Met ☐			
5	Well stocked first aid kit is readily accessible.	Met ☐	Not Met ☐			
6	Water temperature is no less than 100°, no more than 120°, if anyone is unable to self-regulate. Never over 130°	Met ☐	Not Met ☐			
7	The bedrooms shall have operable window(s). The windows must be secure and operable without the use of special tools.	Met ☐	Not Met ☐			
8	Bathrooms (toilets/showers) are clean and in good working order, with lockable doors, unless justified.	Met ☐	Not Met ☐			

9	Setting is clean, free of obvious hazards with equipment in good working order. Sanitizing agents are available and staff know when/how to use.	Met ☐	Not Met ☐			
10	Flashlight on each level.	Met ☐	Not Met ☐			
11	Medications stored safely on site (unless justified), in secure, sanitary area with no expired medications.	Met ☐	Not Met ☐			
12	Medication logs are being reviewed monthly to ensure errors/events are documented and each location has a monthly medication error rate.	Met ☐	Not Met ☐			
13	Emergency food stores are present and in sufficient quantities. (At least one week's worth)	Met ☐	Not Met ☐			
14	Personal protective equipment is available.	Met ☐	Not Met ☐			

I hereby attest that the information provided in this document is true and accurate.

_____

Executive Director/Pres/CEO

DDSN Use:
Date entered into SPM: _____