Updated 07/2023

Center for Social Change

Residential Services Unsupervised Time Evaluation Criteria

LEVEL 1-1 HOUR IN AN EMERGENCY

SELF PRESERVATION / COMMUNITY AWARNESS

- A. Gets out of the house.
- B. Knows where to go to get help.
- C. Identifies what to do if a stranger knocks at their door.
- D. Identifies what to do if a stranger approaches them (the stranger asks them to go with them.)

CARRIES ID CARD

LEVEL 2-2 HOURS

A. Name

SOCIA,

- B. Address
- C. Telephone

FOOD PREPARATION

- A. Prepares food without the use of the stove.
- B. Uses microwave.

HEALTH SKILLS

- A. Recognizes when to ask for medical assistance
- B. Identifies poison labels.
- C. Performs simple first aid.

CALL 911 AND ADMINISTRATOR CONTACT

- A. Distinguishes when to call emergency numbers.
- B. Knows 911 procedures.
- C. Knows how to contact an administrator or coordinator.

KITCHEN SAFTY

- A. Proper Use of the stove.
- B. Follows safety procedures while using the stove.
- C. Follows safety procedures while cooking.

COMMUNITY MOBILITY SKILLS LEVEL 7-10 HOURS MEDICATION ADMINISTRATION WITH SUPERVISION LEVEL 8-12 HOURS

6600 Amberton Drive ~ Elkridge, Maryland~21075

LEVEL 3-4 HOURS

LEVEL 4-6 HOURS

LEVEL 5-8 HOURS

LEVEL 6-9 HOURS



Center for Social Change

Residential Services Unsupervised Time Evaluation Criteria

MEDICATION CERTIFIED LEVEL 9- Extended (number of hours will Be determined by the team but at least 12+)

NOTE: THE LEVELS ARE PROGRESSIVE AND AN INDIVIDUAL MUST MEET THE REQUIREMENTS FOR THE PREVIOUS LEVEL TO GO TO THE NEXT LEVEL.

INDIVIDUAL PREFERENCE MUST BE CONSIDERED

Based on the assessment the individual has earned Level______ which entitles him/her to ______ hours of unsupervised time. However, due to ______ the team recommends and has agreed to ______ hours of unsupervised

time.

Individual Signature - Date

Program Specialist Signature – Date

Director of Programs Signature - Date

Updated 07/2023