

## **SCDDO QAC Review Checklist**

Name: \_\_\_\_\_

Due Date: \_\_\_\_\_

Day Program: \_\_\_\_\_

Residential Program: \_\_\_\_\_

Date sent to SCDDO: \_\_\_\_\_

### **Required Documents** (Please submit in the order below.)

- QA Review Cover Sheet
- CDDO Employment Questionnaire
- Day Site Visit Review (if applicable)
- Residential Site Visit Review (if applicable)
- Supported Home Care Review (if applicable)
- PCSP Review
- Behavior Support Plan Review (if applicable)
- Psychotropic Medication Plan Review (if applicable)
- Personal Information Page (if applicable)
- Person Centered Support Plan
- Behavior Support Plan (if applicable)
- Behavior Management Committee Review (if applicable)
- Psychotropic Medication Plan (if applicable)
- Psychotropic Consents (if applicable)

### **Actions to be Taken Once Completed**

- Send to the SCDDO
- Day Program Review
  - If the program is provided by another agency, send a copy to the assigned QAC member at the agency
- Residential Review
  - If the program is provided by another agency, send a copy to the assigned QAC member at the agency