# Quality Assurance Review Cover Sheet

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| **Name of Individual Reviewed:** **Click here to enter text.** | **Date of Birth: Click here to enter a date.**  |
| **Review Team Agency:****Click here to enter text.** | **Name of Agency Representative/Designee****Click here to enter name.****Name of 2nd team member****Click here to enter name.** |
| **Date Support Plan(s) were Review by QAC team: Click here to select date.** |
| **Agency and Address of Day Site:****Click here to enter agency name.** | **Date and Time of visit:** **Click here to enter a date.** |
| **Click here to enter address.** | **Click here to enter Time** |
| **Agency and Address of Residential Site:****Click here to enter agency name.** | **Date and Time of visit:** **Click here to enter a date.** |
| **Click here to enter address.** | **Click here to enter Time** |
| **Agency and Location of PCS Site:****Click here to enter agency name.** | **Date and Time of visit:** **Click here to enter a date.** |
| **Click here to enter address.** | **Click here to enter Time** |
| **Please select:** [ ]  **Agency Directed** [ ]  **Self-Directed** |

Complete on-site reviews *after* documentation reviews have been completed.

If completing this review with an individual who does not communicate verbally or has communication difficulties, the reviewer may also ask these questions to a staff person, guardian and/or family member. If completing the review in this manner, please indicate this in the appropriate box, which is located at the top of the review for all forms.

Reviews are to take place at both the residential and day sites, if both types of services are received.

If an adult attends two day programs, only the most attended program needs to be reviewed.

Additional information can be obtained within the QAC Manual. Copies are retained by Agency Representative and SG County CDDO website.

Please complete all tools with as much detail as possible.