**SCDDO QAC Review Checklist** (submission of check list is not required)

Name of individual: **Click here to enter name.** Due Date: **Click here to enter a date.**

Submitted to SCDDO **Click here to enter a date.**:

**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)
* Personal Care Services Review (if applicable)
* Support Plan Review
* Behavior Support Plan / Psychotropic Medication Plan Review (if applicable)
* Support Plan
* Behavior Support Plan (if applicable)
* Psychotropic Medication Plan (if applicable)
* Psychotropic Consents (if applicable)
* Behavior Management Committee Reviews (if applicable)

**Actions to be Taken Once Completed**

* Submit full packet to SCDDO
* Day Program Review
  + If the program is provided by another agency, send a copy to the assigned QA member at the agency
* Residential Review
  + If the program is provided by another agency, send a copy to the assigned QA member at the agency
* PCS Agency Directed Review
  + If the program is provided by another agency, send a copy to the assigned QA member at the agency