	Review Date (MMDDYY) Day Program Monitoring Tool Individual Record Review Reviewer Initials							
1	Individual Record Review : Please list individuals initials:	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
2				T			M	
3	Date of admission into program (found on notification of movement form):	Date:						
4	Is the individual record:							
	•Maintained in compliance with relevant Division Circulars related to confidentiality and	27.2						
5	privacy	21.2					S	
6	General Admission							
7	The Program Information Sheet is signed and maintained in the individual file? (Admissions before 2001= N/A)	17A.3:3					S	
8	Is there documentation that a pre-admission interview was held?	17A.3:3					s	
9	Did the service provider complete a Notification of Movement Form?	17A.6					s	
10	General Information							
11	Does each individual's day service record include the following:							
12	Documentation of referral to Division of Vocational Rehabilitation (DVRS) or non-referral to DVRS	27.9:3					m	
13	Emergency Card which is:							
14	 Signed by the individual or his/her home representative with current information (cross reference) 	27.9:5a/b					С	
15	•Current and	27.9:5a/b					С	
16	Complete	27.9:5a/b					С	
17	Emergency Consent for Treatment (Revised upon change of guardianship status)	27.9:6a					С	
18	Transportation Sign-Off Form (current w/in 5 years; *New Form effective 1/2008- when 5 year update takes place)	27.9:7					s	
19	Initial 30 day observation and assessment (Admissions before 1/2008= N/A)	27.9:11					s	
20	Current Adaptive Behavior Summary	27.9:13					С	
21	Service Plan							
22	Please indicate the date of Service Plan:		Residential Provider	DDD CM	Day Program	Support Coordinator		
23	Please indicate the Service Plan Coordinator						d	
24	Is a current IHP/Service Plan maintained within the Individual Record?	27.9:12					С	
	If no, is there evidence that the agency tried to obtain the SP? (Applies only when DP is not SP coordinator)	23.1					d	
25		23.1					d	

Review	Date			

Day Program Monitoring Tool Individual Record Review

Reviewer	Initials	
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	Individual Record Review : Please list individuals initials:	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
26	Was the Service Plan Meeting completed within one year?	23.2					С	
27	Did the service provider complete a vocational assessment/profile if the individual expressed and interest in seeking employment?	23.4					m	
28	Were a minimum of three objectives related to day services established?	23.3					s	
29	Is a current Self Care Assessment maintained within the Individual Record? (Annual certification)	23.1					С	
30	Daily Training Record							
31	Are Division-approved Daily Training Record (DTR) Forms in use by the day service provider?	24.1					m	
32	Does the service provider maintain DTR's for the current year?	27.9:14					m	
33	Does the DTR form contain at minimum:							
34	•Individual's first and last name	24.2:2a					d	
35	Current month and year	24.2:2b					d	
36	Name of day service	24.2:2c					d	
37	Day service objectives as stated in the current IHP	24.2:2d					m	
38	Daily entry for each objective which documents:							
39	•the level of assistance needed to meet the objective	24.2:2e-i					m	
40	•staff initial indicating that the IHP objective was addressed on that day	24.2:2e-ii					S	
41	Service Plan Goal(s) Modifications							
42	When applicable was the Service Plan modified due to the achievement or lack of achievement of goals or objectives? (See Work Instructions)	23.1:4					С	
43	Health/Medical Information							
44	Did the individual file contain the following:							
45	•Seizure Log, where indicated including documentation of seizure activity	27.9:10					С	
46	Did the individual file contain a current (within one year) copy of the mandatory physical examination, documented on the Medical Form for Adults?	27.9:8					S	
47	Did the examining physician sign, date and document the results of the examination of the medical form?	19.2:1					m	
48	Are medical restrictions or special instructions documented on the Medical Form for Adults by physician maintained:							
40	•In the Service Plan?	19.3:2					S	



Provider ID _____

Review	Date					
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Day Program Monitoring Tool Individual Record Review

Reviewer Initials	
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						Standard		
	Individual Record Review: Please list individuals initials:	Standard	Yes	No	N/A	Gained	Weight	Comments
50	Are feeding evaluations maintained in the individual record (if applicable)	19.16:2					s	
	Was the date and result of the Mantoux test recorded on the Medical Form for Adults? If	19.5:1						
51	no, is a Physician Statement or Chest X-Ray maintained in the individual record? Was there documentation that a tetanus booster was current within ten (10) years?						С	
52	· · · ·	19.7					m	
53	Individuals who Self-Medicate (If Applicable)							
54	Was a self-medication assessment conducted?	20D.1					С	
55	Were the results of the Self-medication assessment discussed by the IDT and documented in the individual's Service Plan?	20D.1:1					S	
56	Is the following information maintained in the individual's record:							
57	•The name of the medication(s)	20D.3:1					S	
58	•Type of medication(s)	20D.3:2					S	
59	•Dosage	20D.3:3					s	
60	•Frequency	20D.3:4					s	
61	•Date prescribed	20D.3:5					s	
62	•Location of the medication	20D.3:6					s	
63	Emergency Administration of Prescription Medication (If Applicable)							
64	Written orders/protocols are current for individuals who have a history of life-threatening conditions that require the emergency administration of prescription medication.	20D.10					С	
65	Behavior Management (f applicable)							
66	Is the current Behavior Support Plan w/goals referenced in the Individuals Service Plan?	22.1					S	
67	Is there evidence that all staff responsible for implementation of the Behavior Support Plan have received training in the plans implementation?	22.1					С	
68	Is the data collection being completed according to the Behavior Support Plan?	22.1					m	
69	Are necessary approvals documented in the client record? (Level 1 & 2= IDT approval; Level- 3 = BMC, HRC & RA/CEO approvals)	22.1					С	
70	Is there evidence of ongoing reviews by the IDT, or for Level 3 plans, the Behavior Support Committee?	22.1					s	
71	Human Rights							
	Is a there written acknowledgement that the Rights & Responsibilities have been reviewed annually signed and dated by the individual and the provider representative maintained in the individual file?	14.3:1					m	



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Review	Date		

Day Program Monitoring Tool Individual Record Review

Reviewer Initials	
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	Individual Record Review : Please list individuals initials:	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
73	Volunteer Opportunities (If Applicable)							
74	If unsupervised , documentation of an individual's participation in volunteer opportunities, includes:							
75	◆Name, address, and phone number of volunteer site;	27.9:23a					m	
76	◆Contact person at the volunteer site;	27.9:23b					m	
77	◆Volunteer job description;	27.9:23c					m	
78	◆Start date and end date if applicable	27.9:23d					m	
79	◆Scheduled hours	27.9:23e					m	



Provider ID _____

____ of ____ Files Reviewed