



DEVELOPMENTAL DISABILITIES PROGRAM
Procedural Review (QIS)
for any suspected A/N/E

Date Incident Occurred: _____
QIS Assigned to Review: _____
Date Investigative Report Received: _____

Person: _____
Agency: _____

Rules:

- 1.) Were protections provided to the victim(s)? Yes No N/A
- 2.) DDP policies/procedures and ARM requirements followed? Yes No N/A
- 3.) Were there injuries to the victim? Yes No N/A
- 4.) Did the injuries result in hospitalization? Yes No N/A
- 5.) Were notification(s) made within required timeframes? Yes No

Agency Policies:

- 6.) Was agency policy followed in this incident? Yes No
If No, please explain:

- 7.) Was staff properly trained, orientated and qualified? Yes No N/A
If No or N/A, please explain:

Programmatic Procedures:

- 8.) Was the Plan of Care followed as written? Yes No
If No, please explain:

Additional Observations and Recommendations:

Summary:

- 9.) Was follow-up requested? Yes No
 - 10.) QAOS sent regarding this incident? Yes No
 - 11.) Has follow-up been completed? Yes No
- Date: _____

Signature of QIS completing Review

Date

Review Status:

- To be continued
- Closed