**Residential Quality Assurance Review Summary**

**Due by Friday, July 1st**

Sampled Client: **Enter client’s name** Provider: **Enter Agency Name** Submitted by: **Enter Name/Title**

Submit this completed form along with a copy of the **current IISP[[1]](#footnote-1)** and **summary of goal progress**

Did the writer of the IISP complete the 2 day training in how to write an effective IISP prior to writing the plan submitted? (Check one):

**No  Yes-from DDA enter month & year:  Yes-from agency trainer**

Year training completed:  **2015  2016**

DDA is continuing to track our Strategic Measure regarding people in Supported Living and Group Homes accessing their community. Please complete and return the information below for each client identified in the sample for the specific dates listed. If you do not have formal documentation which provides specific activity information; review the calendar and progress notes, inquire with staff and talk to the client in order to provide the most accurate information available.

**Check one activity type per activity. If the client went multiple places in one day (for example to work and then shopping); check one type for each place**

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| **Day / Date** | **DID go into the community – (check all that apply for multiple outings in one day)** | | **Was at least one of outings related to an IISP goal?** | **Approximate time away from home 1:1 with staff** | **Approximate time away from home in group with staff** | **Approximate time away from home without staff** | | **Did socializing occur with someone other than staff / housemates?** | | **If No outing into the community, check primary barrier** |
| **Mon**  **6/6** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |
| **Tues**  **6/7** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Wed**  **6/8** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |
| **Thurs**  **6/9** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |
| **Fri**  **6/10** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |
| **Sat**  **6/11** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |
| **Sun**  **6/12** | Out for Shopping  Out for Work/ Employment prog  Out to restaurant/coffee shop  Out for exercise  Out for errands/appointments  Out for religious services  Out for entertainment | Car/van ride – did not get out of vehicle  Special Olympics or other special populations events  Other: Click here to enter text. | yes  no  Did not go out | **Choose an item.** | **Choose an item.** | | **Choose an item.** | | yes  no  Did not go out | Transportation  Lack of staffing  Lack of interest  Physically unable  Behavioral | |

Submit documents and direct questions to: Sandi Miller, Residential Quality Assurance Program Manager [millesj@dshs.wa.gov](mailto:millesj@dshs.wa.gov)

Phone: 360-725-3429 Fax: 360-407-0955 PO Box 45310, Olympia, WA 98504

1. Include Risk Summary, PBSP or other documents when needed to demonstrate compliance with all IISP requirements [↑](#footnote-ref-1)