



# Quality Assurance Program Handbook

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Revised January 2026

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## **Mission Statement**

To create limitless pathways for people to belong where they....

Live | Work | Learn | Play

## **Vision Statement**

To be the most resourceful and impactful social service organization in building a world of inclusion.

## **Core Values**

People

Integrity

Compassion

Innovation

Fun

## Introduction

The Quality Assurance (QA) Program is designed to assure that we as an organization are providing quality services and are meeting the expectations of our clients, the funding agencies, other stakeholders as well as our own organizational Code of Ethics. The information gathered by the QA Program provides data-informed measurement of how well we as an organization are meeting these expectations and goals. This information is used to show that we met our funding contract goals as well as assist in development, marketing, and fundraising efforts.

There are five components within the QA Program:

1. Performance Measurements
2. Field Evaluation Surveys
3. Site Checks
4. Accessibility Surveys
5. Special Incident Reporting

Each one of these components gathers information in a unique way from different perspectives and contexts. Each of these components will be discussed in more detail in the appropriate sections of the handbook.

The QA Program is a very important and critical part of all Adjoin's programs and services. Team Members should promote the QA Program and explain the process to our stakeholders as the opportunities arise. Encourage individuals to participate in the completion of surveys.

This handbook is to help you understand the different components within the QA Program as well as to help you understand your role in the process.

## Methods of Data Collection

The QA Program collects data from clients, stakeholders (e.g., referring agencies, employers, property owners, and other service providers), and Team Members to measure the quality of our services and identify areas for improvement. Data may be collected in a variety of ways that best meet the needs of the clients, stakeholders, and organization. Each section of this QA Program Handbook will outline who is responsible for collecting information, along with how and when this information should be collected.

Some QA data will be collected electronically. Field evaluation surveys will be sent electronically to clients and stakeholders, when possible, with a link to complete the survey online. An alternative method of QA data collection will be obtained by paper surveys (only when online surveys are not possible), and manually compiled.

## Code of Ethics

Adjoin has evolved over the years from a small grass roots organization to a company that supports many Team Members and serves lots of individuals with special needs.

Adjoin is committed to:

*“To create limitless pathways for people to belong where they....*

*Live, Work, Learn, and Play.”*

It is for this reason that it is important for all Team Members of Adjoin follow a Code of Ethics that will define expectations and guide actions.

Each Team Members Member will:

1. Have knowledge of Adjoin’s purpose, vision, programs and policies and procedures.
2. Recognize that the chief function of Adjoin at all times is to serve the best interest of our constituency.
3. Practice the values of people, integrity, compassion, innovation, and fun, in the interaction with those we serve and in the performance of all job duties.
4. Accord appropriate respect to the fundamental rights, dignity, and worth of all people. Being aware of cultural, individual and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Team Members shall not

knowingly participate in or condone unfair discriminatory practices.

5. Seek to contribute to the welfare of those we serve while promoting the concepts of personal growth, individuality of person and behavior and the dignity of risk-taking.
6. Understand that Team Members has a primary obligation and must take reasonable precautions to respect the confidentiality rights of those with whom they work and/or serve. Recognizing that sharing of confidential information is done only for appropriate professional purposes and only with persons clearly concerned with such matters and/or as mandated by law.
7. Assure a safe environment for self, other Team Members, and those we serve by reporting any injury, accident, and/or unsafe practice/condition immediately.
8. Prepare, update, and submit any and all reports, logs, case notes, files, and other appropriate data/information in an accurate, timely, objective, meaningful and concise manner.
9. Prepare, update and/or review individual's Coordinated Service Plan at least annually to assess and review the individual's goals and objectives. Progress towards programs goals and objectives are evaluated and are rewritten or renewed as needed during the year the CSP is in force.
10. To work cooperatively with co-workers, other agencies and organizations, employers, and other individuals in the community demonstrating integrity, honesty, and equality.
11. Understand that Team Members has a primary obligation and must take reasonable precautions to respect the confidentiality rights of those with whom they work and/or serve. Recognizing that sharing of confidential information is done only for appropriate professional purposes and only with persons clearly concerned with such matters and/or as mandated by law.
12. Assure a safe environment for self, other Team Members, and those we serve by reporting any injury, accident, and/or unsafe practice/condition immediately.
13. Prepare, update, and submit any and all reports, logs, case notes, files, and other appropriate data/information in an accurate, timely, objective, meaningful and concise manner.
14. Prepare, update and/or review individual's Coordinated Service Plan at least annually to assess and review the individual's goals and objectives. Progress towards programs goals and objectives are evaluated and are rewritten or renewed as needed during the year the CSP is in force.

15. To work cooperatively with co-workers, other agencies and organizations, employers, and other individuals in the community demonstrating integrity, honesty, and equality

## Schedule of Quality Assurance Requirements

The following annual calendar outlines the months that each *scheduled* QA requirement is due. Incident Reports are *unscheduled* requirements, therefore, not included in this calendar. Keep in mind that QA and Incident Report follow ups are due within 60 days of the complaint or incident, respectively. Incident Report and QA and Incident Report follow ups are detailed in future sections of this handbook.

The QA year: January 1<sup>st</sup> through December 31<sup>st</sup>.

<b>January</b>	<b>February</b>	<b>March</b>
Finalize/Analyze PMAP & Set New Plan Goals	Site Checks & Follow-Ups as needed	Accessibility Checklists
<b>April</b>	<b>May</b>	<b>June</b>
Accessibility Plan	Client Satisfaction Surveys	Audit Special Incident Reports (SIR's)
<b>July</b>	<b>August</b>	<b>September</b>
Performance Measurement Action Plan (PMAP) Mid-Year Update & Refresher Management Training	Professional Stakeholder Surveys	Stakeholder survey Follow-Ups as needed
<b>October</b>	<b>November</b>	<b>December</b>
Site Checks & Follow-Ups as needed	Accessibility plan review & update	Year-end data audit (double check all items have been submitted)

The QAA distributes data to the Directors and Managers as collected in the form of a summary report by activity, once each activity is completed, so that data can be interpreted and analyzed by local management teams. The QAA also distributes a monthly compliance report to ensure all areas are on track with meeting QA activity deadlines.

In addition, the QAA will hold monthly QA Logistics meetings, additional meeting will be held if needed, with all Directors/Managers to distribute QA updates and receive feedback and/or barriers to completing QA program data.



## Section 1 - PMAP

### PERFORMANCE MEASUREMENTS

Performance measurement goals measure our effectiveness, efficiency, and service access in providing services. This information is used to assist us as an agency to set goals and to monitor our progress in achieving these goals. The Directors and Managers set these goals annually. Performance measurement goals are to be completed twice per year, in the months designated by the QA calendar.

#### STEPS:

1. The Performance Measurement Action Plan will be completed by the Directors and Managers in the designated months each year. All Adjoin programs will complete these goals, including:
  - a. Day Program
  - b. Tailor Day Program
  - a. Independent Living
  - b. InFlight Skills Academy
  - c. REST
  - d. Person Centered Planning Services/ Self Determination
  - e. Supported Employment
  - f. Supported Living
  - g. TRIPS/Transportation
  - h. Adjoin Veterans
  - i. Arte
  - j. Other: \_\_\_\_\_
2. The Director/Manager will complete the Performance Measurement Action Plan for each division, encompassing the services performed within. At the start of each year, goals will be created for the current calendar year. In July, Directors/Managers will provide updates on current goals and modify goals if needed.
3. The QAA will submit an overall organization Performance Measurement Action Plan (PMAP) report to the Chief Operations Officer for review as indicated in the QA Calendar.

## SAMPLE FORM

### Adjoin's Outcome Management Report

Report Period: January 01 - Dec 31

*Supported Living Services (SLS):*

Measurement Category	To Whom Applied	Objective	Data	Goal	Responsible Party	Result/s	Goal Met/Not Met
<b>Effectiveness</b>	Clients in SLS	With SLS support, people will live and interact in their communities as they choose.	Client records SetWorks	90%	Primary: CM Approved: Director and/or Designee		
	Clients in SLS	Clients will achieve their service plan goals within the duration of their individual plan period.	Client service plans SetWorks	80%	Primary: CM Approved: Director and/or Designee		
<b>Efficiency</b>	Clients in SLS	Maximize scheduled client service billable hours	Billed hours records	80%	Primary: CM Approved: Director and/or Designee		
	Clients in SLS	Increase total service hours provided	Billed hours records	5%	Primary: CM Approved: Director and/or Designee		
<b>Service Access</b>	Clients in SLS	Total number of clients served in SLS over last year	SetWorks	≥101	Primary: CM Approved: Director and/or Designee		

*Independent Living Services & Community Intergration (ILS & CI):*

Measurement Category	To Whom Applied	Objective	Data	Goal	Responsible Party	Result/s	Goal Met/Not Met
<b>Effectiveness</b>	Clients in ILS/CI	With ILS support, people will live and participate in their communities as they choose.	Client records SetWorks	100%	Primary: CM Approved: Director and/or Designee		
	Clients in ILS/CI	Clients will achieve their service plan goals within the duration of their individual plan period.	Client service plans SetWorks	80%	Primary: CM Approved: Director and/or Designee		
<b>Efficiency</b>	Clients in ILS/CI	Maximize DSP client service billable hours	Billed hours records	80%	Primary: CM Approved: Director and/or Designee		
	Clients in ILS/CI	Increase total service hours provided	Billed hours records	10%	Primary: CM Approved: Director and/or Designee		
<b>Service Access</b>	Clients in ILS/CI	Total number of clients served in ILS over last year	SetWorks	≥351	Primary: CM Approved: Director and/or Designee		

**Day Program (DP):**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in DP	Clients will achieve their service plan goals within the duration of their individual plan period.	Client records SetWorks	80%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in DP	Will maintain 1:3 staff to client support ratio	Client records SetWorks	90%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in DP	Minimize wait time for services or total clients served	Waiting List /Setworks	Intake within 60 days	Primary: CM Approved: Director and/or Designee		

**Tailor Day Program (TDP):**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in TDP	Clients will achieve their service plan goals within the duration of their individual plan period.	Client records SetWorks	80%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in TDP	Provide full hours of client service to maximum billable hours	Billed hours records	80%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in TDP	Minimize wait time for services	Waiting List	Intake within 60 days	Primary: CM Approved: Director and/or Designee		

**Supported Employment (SE):**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in SE	Clients will meet their service plan goals.	Client records SetWorks	80%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in SE	Increase average hourly wage.	Client record SetWorks	Above 2022 average	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in SE	Outreach to individuals interested in employment supports	Calendar	Attend 3 community job fairs or transition age events	Primary: CM Approved: Director and/or Designee		

**Self Determination Program Supports and Specialized Services(SDP):**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in SDP	With SDP Supports, individuals will obtain services and supports of their choice.	Client goal tracking data SetWorks	90%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in SDP	Client will meet their service goals within 90 days of start of service.	Client goal tracking data SetWorks	90%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in SDP	Increase total of Clients served	Client records SetWorks	>38	Primary: CM Approved: Director and/or Designee		

**REST:**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in REST	Intervention prevented transition to a more restrictive living arrangement	Client records	90%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in REST	Crisis respite services do not exceed 30 days	Client records	90%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in REST	Clients referred receive services	Referral list	80%	Primary: CM Approved: Director and/or Designee		

**Transportation & TRIPS:**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients In Transportation & TRIPS	Services were provided as agreed upon	Client records SetWorks	90%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients In Transportation & TRIPS	Contact referrals within 72 hours	Client records SetWorks	90%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients In Transportation & TRIPS	Increase clients served	Client records SetWorks	10%	Primary: CM Approved: Director and/or Designee		

**In-Flight:**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in In-Flight	Client post course assessment will demonstrate increased understanding	Client pre and post course assessment	75%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in In-Flight	Contact interested clients within 5 business days	Referral or self-referral records	100%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in In-Flight	Increase total Client enrollment	Client records	50	Primary: CM Approved: Director and/or Designee		

**Veterans (RRHP):**

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in AV	# average days from enrollment to perm housing for all perm housed	Client records-HMIS	77 days	Primary: HC Approved: Director and/or Designee		
	Clients in AV	Permanently house clients	Client records-HMIS	90% of total served(per VA grant requirement)	Primary: CM/HC Approved: Director and/or Designee		
Efficiency	Clients in AV	Screen potential clients for eligibility within 1 business days	Client records-HMIS	90%	Primary: Intake Approved: Director and/or Designee		
Service Access	Clients in AV	Reduce length of time between application and start date	Client records-HMIS	75% of clients start within 1 month of intake	Primary: Intake Approved: Director and/or Designee		

*CFS OC/SD:*

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Effectiveness	Clients in CFS	Clients will meet their service plan goals	Client service plans SetWorks	80%	Primary: CM Approved: Director and/or Designee		
Efficiency	Clients in CFS	Contact referrals within 72 hours	Client records SetWorks	90%	Primary: CM Approved: Director and/or Designee		
Service Access	Clients in CFS	Clients referred receive services	Referral list	80%	Primary: CM Approved: Director and/or Designee		

*Adjoin Satisfaction*

Measurement Category	To Whom Applied	Objective	Data Source	Goal	Responsible Party	Result/s	Goal Met/Not Met
Client	All Clients, Catalyst + Veterans	Clients are continually satisfied with Adjoin's staff and services	Client Surveys - SurveyMonkey	90% Surveys w/ Positive responses	Primary: Director Approved: COO		
Stakeholder	All Stakeholders, Catalyst + Veterans	Stakeholders are continually satisfied with Adjoin's staff and services	Stakeholder Surveys - SurveyMonkey	90% Surveys w/ Positive responses	Primary: Director Approved: COO		

**Analyst (Provide narrative interpretation and analysis of results and plan of action):**

## Section 2 – Field Satisfaction Surveys

### FIELD SURVEYS

Field Evaluation surveys are sent to our stakeholders to assess the quality of services we are providing. This information is used to help ensure we are providing a good quality of service. These surveys are to be completed by clients, employers, landlords, funding agencies, and other stakeholders as appropriate. These surveys help us measure how well we are addressing the needs of our stakeholders, the effectiveness of our services, the efficiency of our services, stakeholder satisfaction, and obtain other feedback.

#### STEPS:

1. All Field Evaluation Surveys are sent out according to the QA calendar schedule and in the month assigned.
2. For clients that are not able to complete an online survey, even with third party assistance, the designee of the Director/Manager will distribute a paper copy survey to the appropriate persons with a cover letter and addressed envelope explaining the purpose and intent of the survey.
3. The designee of the Director/Manager will submit all paper surveys to the QAA by the last day of the designated month of the field survey as designated by the QA calendar.
4. The QAA will compile the data collected.
5. The QAA will submit a per unit and overall organization summary report at applicable quarters to the Chief Operations Officer and a per unit summary report for each Director/Manager for review.
6. The Director/Manager or his/her designee will review the evaluations, share them with the appropriate persons on a need-to-know basis, preserving stakeholder confidentiality when possible.
7. The Director/Manager or his/her designee will decide how many papers and/or phone surveys will be completed per program based upon how many online surveys are received. During the preceding collection period. The Director/Manager or his/her designee is responsible for ensuring paper and phone surveys are completed.

8. A QA Follow-up form may be required within 60 days. A Follow Up is required in the following circumstances:

An unfavorable response:

- Fair
- Poor
- A little
- Unsatisfied
- Not Likely
- Extremely Unlikely

A comment that is determined to require further action



# SAMPLE FORM



## Professional Stakeholder Satisfaction Survey - August 2024

**Thank you for taking the time to complete this survey regarding our services to clients of Adjoin. We value our partnership in working together to meet the needs of a common client. Your candid and complete evaluation will help us to provide appropriate feedback to our staff and assist us in continuously improving our services.**

1. Please tell us which Region/Area you are in:

- |                                    |                                        |
|------------------------------------|----------------------------------------|
| <input type="checkbox"/> El Centro | <input type="checkbox"/> San Marcos    |
| <input type="checkbox"/> Fresno    | <input type="checkbox"/> Stockton      |
| <input type="checkbox"/> Merced    | <input type="checkbox"/> Visalia       |
| <input type="checkbox"/> San Diego | <input type="checkbox"/> Orange County |

2. Please select which program/s you have been affiliated with (May select more than one):

- |                                                                   |                                                  |
|-------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Independent Living/Community Integration | <input type="checkbox"/> Arte                    |
| <input type="checkbox"/> Supported Living                         | <input type="checkbox"/> Inflight Skills Academy |
| <input type="checkbox"/> Supported Employment                     | <input type="checkbox"/> Veteran Services        |
| <input type="checkbox"/> Day Program                              | <input type="checkbox"/> I'm not sure            |
| <input type="checkbox"/> Tailor Day Program                       |                                                  |
| <input type="checkbox"/> Other (please specify)                   |                                                  |

3. Please select your relationship to Adjoin:

- |                                                                  |                                                          |
|------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Regional Center Employee                | <input type="checkbox"/> Property owner/manager/landlord |
| <input type="checkbox"/> Department of Rehabilitation Employee   | <input type="checkbox"/> Parent/Guardian/Conservator     |
| <input type="checkbox"/> Department of Veterans Affairs Employee | <input type="checkbox"/> Payee                           |
| <input type="checkbox"/> Department of Labor employee            | <input type="checkbox"/> Transportation Provider         |
| <input type="checkbox"/> Employer                                | <input type="checkbox"/> Prefer not to specify           |
| <input type="checkbox"/> Other (please specify)                  |                                                          |

4. How satisfied are you with Adjoin?

- |                                           |                                                  |
|-------------------------------------------|--------------------------------------------------|
| <input type="radio"/> Extremely satisfied | <input type="radio"/> Somewhat unsatisfied       |
| <input type="radio"/> Very satisfied      | <input type="radio"/> Unsatisfied                |
| <input type="radio"/> Satisfied           | <input type="radio"/> No basis for opinion (N/A) |



5. How well did Adjoin provide services in a timely manner?

- Excellent  Poor  
 Good  No basis for opinion (N/A)  
 Fair

6. How well did Adjoin assess and serve your needs?

- Excellent  Poor  
 Good  No basis for opinion (N/A)  
 Fair

7. How effective was Adjoin in working with you?

- Excellent  Poor  
 Good  No basis for opinion (N/A)  
 Fair

8. Please rate the level of professionalism of Adjoin staff?

- Excellent  Poor  
 Good  No basis for opinion (N/A)  
 Fair

9. How likely are you to refer Adjoin to others?

- Very likely  Very unlikely  
 Somewhat likely  No basis for opinion (N/A)  
 Somewhat unlikely

10. Comments:

11. This survey is not anonymous, but will be kept confidential. If you wish to provide your name and contact information we will follow up with you regarding any concerns that you may have mentioned.

<b>Name</b>	<input type="text"/>
<b>Company</b>	<input type="text"/>
<b>Email Address</b>	<input type="text"/>
<b>Phone Number</b>	<input type="text"/>

## Client Satisfaction Survey - May 2025

**Thank you for taking the time to complete this survey about our services at Adjoin. Your honest answers will help us learn how well we are working with you! This survey is anonymous, that means you do not need to tell us who you are. If you do not know how to complete this survey, or need help understanding any of the questions, you may ask a person that you trust (family or friend) to help you.**

1. Please select your unit and area:

- |                                              |                                        |
|----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> 211-San Marcos      | <input type="checkbox"/> 517-Fresno    |
| <input type="checkbox"/> 213-Imperial Valley | <input type="checkbox"/> 518-Visalia   |
| <input type="checkbox"/> 217-Orange County   | <input type="checkbox"/> 520-Stockton  |
| <input type="checkbox"/> 515-Merced          | <input type="checkbox"/> 705-Veteran's |

2. Please tell us what Adjoin program you are in (you may check more than one):

- Independent Living/Community Integration
- Supported Living
- Supported Employment
- Day Program
- Tailor Day Program
- ARTE Program
- InFlight Skills Academy
- Veteran's Program
- Other
- I'm not sure
- Other (please specify)

3. How satisfied are you with Adjoin?

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Extremely | <input type="radio"/> A little      |
| <input type="radio"/> Very      | <input type="radio"/> Not satisfied |
| <input type="radio"/> Satisfied |                                     |

4. How often did staff meet with you on time?

- All the time
- Most of the time
- Some of the time
- Rarely

5. How often did staff respect your right to make decisions?

- All the time
- Most of the time
- Some of the time
- Rarely

6. I feel like I belong at Adjoin.

- All the time
- Mostly
- Sometimes
- Rarely

7. Over the last year, on most days, how would you rate your physical and emotional wellbeing?

- Excellent
- Very Good
- Good
- Fair
- Poor

8. Over the last year, on most days, how would you rate your relationships with family, friends, co-workers?

- Excellent
- Very Good
- Good
- Fair
- Poor

9. Is there any form of assistive technology (software, equipment/devices, etc.) that may better support your service with Adjoin?

- Yes
- No

10. Comments:

11. You *do not* have to give us your name or contact information, if you do not want to. But, if you would like us to follow up with you about any of your comments, you can tell us your name and phone number.

**Name**

**Phone Number or Email**

**SAMPLE FORM**



**Quality Assurance Follow-Up**

This must be completed within 60 days of initial complaint/suggestion

Date: \_\_\_\_\_ Unit #: \_\_\_\_\_ Program #: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Client/Stakeholder Name: \_\_\_\_\_ Client #: \_\_\_\_\_

**Result of:**

- Professional Survey  Client Survey  Site Check  Other: \_

**Nature of Complaint/Suggestion:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-Up Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE FORM



### Quality Assurance Follow-Up Example

This must be completed within 60-days of initial complaint/suggestion

Date: 1/1/21

Unit #: 100

Program #: 1234

Employee Name: Jane Doe

Employee #: 0123

Client/Stakeholder Name: John C.

Client #: 0000

#### Result of:

Professional Survey  Client Survey  Site Check  Other: \_\_\_\_\_

#### Nature of Complaint/Suggestion:

On a Client Satisfaction Survey, client's response to item#5 indicated Team Members "rarely" helped him connect to resources to meet his needs. He also left a comment suggesting ADJOIN plans a trip to Universal Studios instead of Disneyland next year.

#### Follow-Up Taken:

Case Manager met with client to identify unmet needs and resources to meet identified needs. Case Manager discovered that John's electric bill was more than he could afford and was unpaid. Case Manager submitted applications for reduced utility bill assistance and ADJOIN's Butterfly Club for the past due amount. Case Manager and client added a service plan goal for financial planning. No other needs were identified. Case Manager encouraged client to attend Consumer Advisory Club meetings to advocate for Universal Studios. Client indicated he was satisfied with the result if this follow-up action.

By Whom: Jane Doe, Case Manager Date: 7/29/2024

Supervisor Signature: \_\_\_\_\_ Date: 7/31/2024

## SAMPLE FORM



### Quality Assurance Follow-Up Example

This must be completed within 60-days of initial complaint/suggestion

Date: 1/1/21

Unit #: 100

Program #: 1234

Employee Name: Jane Doe

Employee #: 0123

Client/Stakeholder Name: John C.

Client #: 0000

#### Result of:

Professional Survey  Client Survey  Site Check  Other: \_\_\_\_\_

#### Nature of Complaint/Suggestion:

On a Client Satisfaction Survey, Joe's response to Question #8 "In general, how would you rate your mental health, including your mood and your ability to think" was "Poor". In addition, Joe rated his overall quality of life as poor.

#### Follow-Up Taken:

Case Manager met with Joe to discuss in more detail why he rated his mood and quality of life as poor. Joe responded that his disability often made him depressed and that his general outlook was often affected by the fact that he often couldn't do the same things as everyone else. Case manager respectfully explored with Joe some options that may help him improve his outlook and enjoy his life more. Were there some new things that he would enjoy doing that would be engaging for him? Would a referral to a counselor or therapist be of benefit to him? Does he want to have his medications evaluated? With the Joe's input and guidance, case manager will look for options for a therapist who works on a sliding scale. Joe also expressed an interest in animals, so possibilities for volunteering at a local animal shelter or something similar will be explored. Options will be shared with his circle of support including the referral source to determine if the IPP and/or authorized service hours require modification. \*

By Whom: Jane Doe, Case Manager

Date: 7/29/2024

Supervisor Signature: \_\_\_\_\_

Date: 7/29/2024

\*All types and amount of services must be authorized by the referral/funding source, prior to modifying services.

## Section 3 – Site Check Surveys

### SITE CHECKS

Site Checks are completed to assure that the QA process is being followed at client homes and job sites. This information is used to help ensure we are providing quality services by viewing all environments as well as by interacting with clients and stakeholders. The site checks are to be completed by the individual assigned by the Director/Manager on a bi-annual basis.

#### STEPS:

1. Each Director/Manager will assign a designee that is a supervisor to complete random QA site checks of client's home and job sites for their region. The Quarterly Site Check form is for all Adjoin programs.
2. The supervisor assigned will perform a minimum of **2** (for programs with 11 or more clients) or a minimum of **1** (for programs with 10 or less clients) randomly selected client homes and/or job sites check bi-annually (every 6 months by calendar year) per program. (REST and TRIPS do not need to complete.) Site Checks are due in the following months:
  - a. February
  - b. October
3. The person assigned will complete the *Site Check* form while at the site.
  - a. It is important to realize that this person will not be acting in a supervisory role during these checks.
  - b. The person is to simply complete the form given and submit the results to the assigned person.
4. The Director/Manager will send a list of designees that will complete the Quarterly site checks to the QAA, who will send an electronic survey link to complete the form online.
5. The designee will submit the completed Site Check form by the deadline (February 28<sup>th</sup>, and October 31<sup>st</sup>).
6. The QAA will send completed surveys to the Director/Manager once they have been completed for review.
7. The Director/Manager will review and determine if follow up is needed.
8. The designee will complete the QA Follow-Up form and will submit a copy to the Director/Manager for review. Upon review, Director/Manager will ensure that follow ups are sent to QAA as identified.
  - a. All follow up is to be completed within 60 days of the date of the Site Check.
  - b. The QAA will ensure site checks and follow-ups are completed per the schedule.

# SAMPLE FORM



## Random Site Checks - October 2024

### 1. Date of Visit

Date / Time

Date

MM/DD/YYYY

### 2. Supervisor Name

### 3. Employee Name

### 4. Client Name and Number

### 5. Please select your Program's unit and area:

- |                                                   |                                          |
|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 211-San Marcos/San Diego | <input type="checkbox"/> 517-Fresno      |
| <input type="checkbox"/> 213-Imperial Valley      | <input type="checkbox"/> 518-Visalia     |
| <input type="checkbox"/> 217-Orange County        | <input type="checkbox"/> 520-Stockton    |
| <input type="checkbox"/> 515-Merced               | <input type="checkbox"/> Adjoin Veterans |

### 6. Please select your program name:

- |                                                                   |                                                       |
|-------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Community Day Program                    | <input type="checkbox"/> Supported Living             |
| <input type="checkbox"/> Tailor Day Program                       | <input type="checkbox"/> Co-ordinated Family Services |
| <input type="checkbox"/> Independent Living/Community Integration | <input type="checkbox"/> Veteran Services             |
| <input type="checkbox"/> Supported Employment                     | <input type="checkbox"/> Arte                         |
| <input type="checkbox"/> Other (please specify)                   |                                                       |



7. What was the site that was checked?

- Client Home
- Client Work Site
- Other (please specify)

8. What activity are the client and staff working on during the meeting?

9. Who was present during the meeting?

10. What approaches did staff use to engage the client?

11. How was the client motivated to do the activity?

12. How did the client respond to staff?

13. How did staff respond to the needs or concerns of the client?

14. Describe the appearance/mood/affect of the client?

15. Describe the conditions of the meeting location (note and safety concerns, hazards, and/or interview considerations such as lighting, noise, privacy, or distractions):

16. Rate the overall site visit:

One on One meeting required	Needs Improvement	Fair, but could be better	Good Job	Excellent Job
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Recommendations:

**SAMPLE FORM**



**Quality Assurance Follow-Up**

This must be completed within 60-days of initial complaint/suggestion

Date: _____	Unit #: _____	Program #: _____
Employee Name: _____		Employee #: _____
Client/Stakeholder Name: _____		Client #: _____

**Result of:**

- Professional Survey  Client Survey  Site Check  Other: \_

\_\_\_\_\_

**Nature of Complaint/Suggestion:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow-Up Taken:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE FORM



### Quality Assurance Follow-Up

This must be completed within 60-days of initial complaint/suggestion

Date: January 30, 2024                      Unit #: 100                      Program #: 1234  
Employee Name: Donna Carer, Direct Service Aide                      Employee #: 0001  
Client/Stakeholder Name: John Smith                      Client #: 0000

**Result of:**

Professional Survey    Client Survey    Site Check    Other: \_

**Nature of Complaint/Suggestion:**

At a quarterly site check, Direct Service Aid, Donna Carer, was meeting with an ILS client at his home. It was observed that Donna had difficulty helping the client de-escalate when appearing agitated and the client eventually threw a shoe at Team Members (see special incident report).

**Follow-Up Taken:** Case Manager met one on one with Donna to review Case Manager's observations and establish a training plan. Case Manager verified Donna is currently certified in Crisis Prevention Intervention (CPI). Case Manager reviewed CPI techniques with Donna and later in an all Team Members meeting on January 15<sup>th</sup>. Case Manager and Donna engaged in a role play of CPI to ensure Donna could apply the techniques.

By Whom: Jane Doe, Case Manager                      Date: 1/30/2024

Supervisor Signature: \_\_\_\_\_ Date: 1/30/2024

## Section 4 – Accessibility Checklist

### ACCESSIBILITY CHECKLIST

Accessibility Checklists help us identify and plan how to make facilities and services more accessible for people with disabilities and other persons served. Accessibility Checklists are completed annually in each program in the month designated in the QA calendar.

#### STEPS:

1. The Office Manager or Office Assistant in each office will complete one Accessibility Checklist for each program office he/she is responsible for in the designated month.
2. In addition, the Director/Manager will ensure two Accessibility Checklists are completed per program in the designated month. Accessibility Checklists may be completed at a client's home or worksite (whichever makes the most sense for the program).
3. The Office Manager or Office Assistant will enter all Accessibility Checklists electronically by the end of the designated month identified in the QA calendar.
4. The QAA will collect Accessibility Checklist data and submit to the Director/Manager per region(s).
5. Directors/Managers will complete an Accessibility Plan based on the Accessibility Checklist data for their region(s).
6. The QAA will submit Accessibility Plans and Checklists in a quarterly QA report to the COO as required.
7. Updated Accessibility Plans with follow-up results are due in November each year.

**Tip! It is helpful to have these tools available: measuring tape or yard stick**

## Accessibility Checklist - 2024

1.

**The goal of this checklist is to help Adjoin identify and plan how to make facilities and services more usable for people with disabilities and Veterans.**

1. Date:

2. Regional Area and Department:

- |                                                 |                                     |
|-------------------------------------------------|-------------------------------------|
| <input type="radio"/> 211: San Marcos/San Diego | <input type="radio"/> 517: Fresno   |
| <input type="radio"/> 213: Imperial Valley      | <input type="radio"/> 518: Visalia  |
| <input type="radio"/> 217: Orange County        | <input type="radio"/> 520: Stockton |
| <input type="radio"/> 515: Merced               | <input type="radio"/> 705: Veterans |
| <input type="radio"/> Other (please specify)    |                                     |

3. Program:

- |                                |                                  |
|--------------------------------|----------------------------------|
| <input type="radio"/> ILS      | <input type="radio"/> TRIPS      |
| <input type="radio"/> SLS      | <input type="radio"/> Day        |
| <input type="radio"/> VR/Hab   | <input type="radio"/> Tailor Day |
| <input type="radio"/> REST     | <input type="radio"/> Arte       |
| <input type="radio"/> Veterans |                                  |

Other (please specify)

4. Site Checked (please list):

Client Home:

Client Worksite:

Community Catalysts  
Office:

Other:

5. Checklist Completed By:

## Accessibility Checklist - 2024

### 2. Architectural

**Architectural or "physical" barriers are generally easy to identify and may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have hearing impairment, and the absence of signs in Braille for individuals who have visual impairments.**

6. Are there adequate number of accessible parking spaces available?

Total Spaces    Accessible Spaces Required:

1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6

Yes

No

Not Applicable: REST, TRIPS

7. Are the parking spaces closest to the building's accessible entrance accessible parking spaces?

Yes

No

Not Applicable: REST, TRIPS

8. Are all accessible parking spots identified by signs bearing the international symbol of accessibility?

Yes

No

Not Applicable: REST, TRIPS

9. Is at least one path of travel free of steps and stairs?

Yes

No

Not Applicable: REST, TRIPS

10. Is the path travel safe (i.e. firm, stable, and slip resistant)?

Yes

No

Not Applicable: REST, TRIPS

11. Are all doors, gates and pathways at least 36 inches wide per O.S.H.A.'s requirements?

- Yes
- No
- Not Applicable: REST, TRIPS

12. Are curbs cuts located where they are needed?

- Yes
- No
- Not Applicable: REST, TRIPS

13. Is each curb at least 36 inches wide?

- Yes
- No
- Not Applicable: REST, TRIPS

14. If main entrance has steps, is there an alternative accessible route a person in a wheelchair can negotiate independently (without assistance)?

- Yes
- No
- Not Applicable: REST, TRIPS

15. Is there general signage directing individuals to the nearest accessible entrance?

- Yes
- No
- Not Applicable: REST, TRIPS

16. Is the door handle easy to operate with one hand and no higher than 48 inches above the floor?

- Yes
- No
- Not Applicable: REST, TRIPS

17. Is carpeting securely attached at the edges?

- Yes
- No
- Not Applicable: REST, TRIPS



18. Does carpeting have a low pile to allow for wheelchair mobility?

- Yes
- No
- Not Applicable: REST, TRIPS

19. Is the sufficient space or could it be arranged if needed (60 inches in diameter or T-Shaped space) to allow an individual in a wheelchair to change direction?

- Yes
- No
- Not Applicable: REST, TRIPS

20. Is there 36 inches of clearance between all pieces of furniture, including tables and chairs?

- Yes
- No
- Not Applicable: REST, TRIPS

21. Is there sufficient space for wheelchair seating within community rooms?

- Yes
- No
- Not Applicable: REST, TRIPS

22. Are signs posted for people with disabilities to identify an accessible bathroom?

- Yes
- No
- Not Applicable: REST, TRIPS

23. Is there at least one accessible toilet averaging between 17 and 19 inches high?

- Yes
- No
- Not Applicable: REST, TRIPS

24. Are grab bars mounted both behind the toilet and on the sidewall closest tot he toilet?

- Yes
- No
- Not Applicable: REST, TRIPS

25. Is the sink rim or countertop no higher than 34 inches from the ground?

- Yes
- No
- Not Applicable: REST, TRIPS

26. Can the faucet be operated easily with one hand?

- Yes
- No
- Not Applicable: REST, TRIPS

27. Is there at least one mirror mounted so that the bottom edge of the reflecting surface is no higher than 40 inches?

- Yes
- No
- Not Applicable: REST, TRIPS

28. Is there at least one soap and sanitary paper dispenser accessible?

- Yes
- No
- Not Applicable: REST, TRIPS

29. If drinking fountains are available, does at least one have clear space alongside it that is at least 30 by 48 inches?

- Yes
- No
- Not Applicable: REST, TRIPS

30. Can controls on drinking fountains be operated without tight grasping, pinching, or twisting of the hand/wrist?

- Yes
- No
- Not Applicable: REST, TRIPS

## Accessibility Checklist - 2024

### 3. Environmental

**Environmental barriers are external surrounding things, conditions, or influences that may require modifications or equipment to facilitate participation by people with disabilities at home, work, or the general community.**

31. Are computer controls activated by puff & straw to control temperature, lights, window shades, etc., if the Client requires that type of control?

- Yes  
 No  
 Not Applicable: REST, TRIPS  
 If NO explain:

32. Some Clients have seizure conditions and are sensitive to fluorescent lighting. Are there any problems with lighting used at his/her home, work, or day program?

- Yes  
 No  
 Not Applicable: REST, TRIPS

33. If Client's disability symptoms include being easily distracted by activity, does he/she work or attend a program in a very open or noisy structure?

- Yes  
 No  
 Not Applicable: REST, TRIPS

34. If Client has an allergic reaction to various smells or does not perform at their best in fragrant environments, does he/she work or attend a program with strong fragrances (candles, air freshener, etc.)?

- Yes  
 No  
 Not Applicable: REST, TRIPS

## Accessibility Checklist - 2024

### 4. Communication

**Communication barriers include verbal and non-verbal forms and may include the absence of TTY, the company website, or the absence of materials in a language or format that is understood by the persons receiving services.**

35. Is the communication in your area, with persons with disabilities as effective as your communication with others?

- Yes
- No
- Not Applicable: REST, TRIPS

36. Is a TDD or other equally effective system available in your local community (if needed) by a telephone company (i.e., California Relay Service) to facilitate communication with people who are deaf, hearing impaired and/or people with speech disabilities?

- Yes
- No
- Not Applicable: REST, TRIPS

37. Does staff have a sign language interpreter available in your local community (Regional Center, County resources, etc.); to make information accessible to persons with impaired hearing, if needed?

- Yes
- No
- Not Applicable: REST, TRIPS

38. Does staff have informational materials available in your community, on digital media for persons with visual impairments, if needed?

- Yes
- No
- Not Applicable: REST, TRIPS

39. Does staff have information materials available in your local community, or pictorial signage for persons with cognitive, visual and/or hearing impairments, if needed?

- Yes
- No
- Not Applicable: REST, TRIPS

## Accessibility Checklist - 2024

### 5. Technology

**Technology barriers include non-functioning, malfunctioning, or outdated technological equipment or non-existent equipment. This includes: computers, cell phones, copiers, fax machines, scanners, internet, email, digital cameras, projectors, Bluetooth, tablets, voicemail, etc. This area applies to persons served. The company completes a distinct survey regarding company equipment.**

40. Is a person served experiencing a technology barrier that if fixed would improve their community integration?

- Yes
- No
- Not Applicable: REST, TRIPS
- If yes explain:

## Accessibility Checklist - 2024

### 6. Transportation

**Transportation barriers may include persons being unable to reach service locations at all or to participate in the full range of services and other activities.**

41. Does staff provide information and encouragement on using public transportation to people with disabilities or Veterans even if not part of program services in your area?

- Yes
- No
- Not Applicable: REST, TRIPS

42. Does staff assist an reinforce self-advocacy to persons with disabilities or is the person scheduling transportation for themselves needed?

- Yes
- No
- Not Applicable: REST, TRIPS

43. Does staff provide training to persons with disabilities on hot to utilize public transportation in your area?

- Yes
- No
- Not Applicable: REST, TRIPS

## Accessibility Checklist - 2024

### 7. Attitudinal

**Attitudinal includes how persons with disabilities are viewed and treated by the organization and in the community, the terminology and language the organization uses in its literature or when it communicates, whether or not Client input is**

**solicited and used, and whether or not the eligibility criteria of the organization screens out individuals with specific types of disabilities.**

44. Does lead staff provide training to employees in your area, on how to relate and communicate with and about people with disabilities?

- Yes
- No
- Not Applicable: REST, TRIPS

45. Does training in your area, include utilizing positive people's first language?

- Yes
- No
- Not Applicable: REST, TRIPS

46. Does staff provide opportunities for getting people with disabilities to socialize or integrate with people without disabilities within your area?

- Yes
- No
- Not Applicable: REST, TRIPS

47. Does staff provide or participate in disability awareness summits/conferences or materials in your community?

- Yes
- No
- Not Applicable: REST, TRIPS



48. Does staff use people's first language- as in "Bill has autism" rather than "autistic Bill" and "Jane has a mental illness" rather than "mentally ill Jane"?

- Yes
- No
- Not Applicable: REST, TRIPS

49. Handbooks are in people first language and easy to understand?

- Yes
- No
- Not Applicable: REST, TRIPS

50. Are pamphlets/brochures in people's first language?

- Yes
- No
- Not Applicable: REST, TRIPS

## Accessibility Checklist - 2024

### 8. Financial

**Financial barriers my include insufficient funding for services, and the organization might advocate at the legislative level for increased funds, or it might promote activities to directly raise money for the support of a service or person receiving services.**

51. The company has a funding organization that includes the employee donation program, The butterfly Club, does staff participate in your area?

- Yes
- No
- Not Applicable: REST, TRIPS

52. The company belongs to CDSA and CSLN- advocacy groups that are active at the state level, does staff in your area participate in rallies and other community activities to help raise awareness of funding shortfalls?

- Yes
- No
- Not Applicable: REST, TRIPS

53. Does staff encourage persons with disabilities, their family and friends to participate in rallies and other community activities to help raise awareness of funding shortfalls?

- Yes
- No
- Not Applicable: REST, TRIPS

## Accessibility Checklist - 2024

### 9. Employment Access

**Employment barriers may include lack of staff awareness and sensitivity to people with disabilities, not including people with disabilities in applicant pools or lack of training on disabilities to employees. Does the company engage in activities that directly raise disability awareness of employers and their employees?**

**This section is to be completed on Adjoin and if appropriate, on employment experiences while providing vocational services to Clients.**

54. Is staff alert and helpful to clients who have visible disabilities?

- Yes  
 No  
 Not Applicable: REST, TRIPS

55. Are persons with disabilities included in their applicant pool?

- Yes  
 No  
 Not Applicable: REST, TRIPS

56. Is the company's Website user-friendly to visitors with disabilities (i.e. including "text-only" versions for people with visual impairments, or supplying text for audio clips for persons who are deaf/hard of hearing)?

- Yes  
 No  
 Not Applicable: REST, TRIPS

57. Does someone on staff know sign language?

- Yes  
 No  
 Not Applicable: REST, TRIPS

58. Has the business offered disability awareness training to staff?

- Yes  
 No  
 Not Applicable: REST, TRIPS

59. Has an effort been made to educate management or human resources personnel on ADA laws and compliance?

- Yes  
 No  
 Not Applicable: REST, TRIPS

60. Are policies, practices and procedures flexible enough that if necessary, modifications can be made to ensure that the skills and abilities of applicants with disabilities are equally represented?

- Yes  
 No  
 Not Applicable: REST, TRIPS



61. When interviewing persons with disabilities, is the focus on the candidate's skills and abilities and not the disability?

- Yes
- No
- Not Applicable: REST, TRIPS

62. If removal of a barrier is not "readily achievable" are the good, services, etc. made available through alternative methods?

- Yes
- No
- Not Applicable: REST, TRIPS

Accessibility Checklist - 2024

**10. Community Integration Barrier**

**This includes any type of barrier that may keep the person served from full participation in the community of their choice. For example, a lack of adaptive sports program in the community or lack of volunteer opportunities for person served.**

63. If client has a need and desire, is there an integration barrier preventing them from participating in an event, club, group, and/or program in the community.

- Yes
- No
- Not Applicable: REST, TRIPS
- If yes, explain:

Accessibility Checklist - 2024

**11. Other barriers: Not covered in previous areas.**

64. Did you identify any additional accessibility barriers in your area? If so please list and explain:

65. Comments:

## Accessibility Plan

Adjoin is committed to advocacy and empowerment of our clients and our communities as a whole. As part of our Quality Assurance Program, our management team is responsible for assessing their areas and divisions and determining any barriers to accessibility as well as setting goals and strategies to overcome some of these barriers.

This accessibility plan was created using the following:

- Accessibility Checklists completed annually each year by representatives of each location for all applicable programs.
- Feedback and Input from management team and direct service staff addressing needs and barriers on an individual and global level for the clients that they serve and the communities we serve.
- Local accessibility plans and goals created and submitted by the local management of each region annually.

Progress towards these goals is monitored by the individuals responsible for the goal and reported to the QA team annually. The QA team reviews the Adjoin accessibility plan and creates an annual summary and progress report to assess overall achievement.

***General Note about on-going Accessibility Plan:*** The Butterfly Club (BFC), Adjoin's employee donation program continues to be a financial resource for our clients during their time of need and regularly supports the removal of various types of barriers to successful community integration. Employees are encouraged to submit requests for funds on behalf of their clients. Our employees are diligent about exhausting any other private or public funds, prior to submitting a request for BFC funds. A few recent examples of how the BFC assisted in removing barriers include:

- Environmental Barrier-Bed Bugs infested a Client's home. Adjoin assisted the Client in eliminating the bed bugs by working with landlord and Regional Center to cover the cost of extermination. The BFC replaced the client's mattress which was beyond repair.
- Financial Barrier-Medi-Cal would not cover the cost to replace a client's broken eyeglasses. The client could not afford to pay for eyeglasses without utilizing their rent funds. The BFC covered the cost for new eyeglasses.
- Financial Barrier-A Client on a tight fixed income lost all his food due to spoilage caused by an extended power outage. The local food banks ran out of supplies. The BFC covered the cost to replenish his groceries.

**Architectural:** Architectural or “physical” barriers are generally easy to identify and may include steps that prevent access to a building for an individual who uses a wheelchair, narrow doorways that need to be widened, bathrooms that need to be made accessible, the absence of light alarms for individuals who have a hearing impairment, and the absence of signs in Braille for individuals who have visual impairments.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Communication:** Communication barriers includes verbal and non-verbal forms and may include the absence of TTY, the company website, or the absence of materials in a language or format that is understood by the persons receiving services.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Environmental:** Environmental barriers are external surrounding things, conditions, or influences that may require modifications or equipment to facilitate participation by people with disabilities at home, work, or the general community.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Technological:** Technology barriers include non-functioning, malfunctioning, or outdated technological equipment or non-existent equipment. This includes: computers, Cell phones, copiers, fax machines, scanners, internet, email, digital cameras, projectors, Bluetooth, tablets, voice mail, etc. This area applies to persons served. The company completes a distinct survey regarding company equipment.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Transportation:** Transportation barriers may include persons being unable to reach service locations at all or to participate in the full range of services and other activities.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Attitudinal:** Attitudinal includes how persons with disabilities are viewed and treated by the organization and the community, the terminology and language the organization uses in its literature or when it communicates, whether or not Client input is solicited and used, and whether or not the eligibility criteria of the organization screens out individuals with specific types of disabilities.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Financial:** Financial barriers may include insufficient funding for services, and the organization might advocate at the legislative level for increased funds, or it might promote activities to directly raise money for the support of a service or a person receiving services.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Employment Access:** Employment barriers may include lack of staff awareness and sensitivity to people with disabilities, not including people with disabilities in applicant pools or lack of training on disabilities to employees. Does the company engage in activities that directly raise disability awareness of employers and their employees? This section is to be completed on Adjoin and if appropriate, on employment experiences while providing vocational services to Clients.

Responsibility- Area and Program	Barrier	Solution	Estimated Cost	Due Date

**Community Integration:** This includes any type of barrier that may keep the person served from full participation in the community of their choice. For example, a lack of adaptive sports program in the community or a lack of volunteer opportunities for persons served.

Responsibility- Area and Program	Barrier	Solution	Anticipated Cost	Due Date

## Section 5 – Special Incident Report

### SPECIAL INCIDENT REPORT (SIR)

The Special Incident Report (SIR) are completed to inform all parties that there was an incident with a client and to assure that appropriate follow-up is completed to reduce the likelihood of future incidents. This information is used to help monitor the quality of our services as well as the progress of Clients. The SIRs are to be completed by the Team Members that witnessed or were involved with the incident and must be completed and turned in within 48 hours of incident. Verbal notification to supervisory Team Members must be made within 24 hours of incident. The SIR is completed by all programs.

#### STEPS:

1. All Team Members must complete an SIR form if one of the below listed occurs:
  - Injury to Client(s) or medical emergency including illness.
  - Suicide or attempted suicide.
  - An accident involving Client(s) (vehicular and other).
  - Physical aggressive acts by Client(s) against themselves, other persons, or property resulting in minor or major damage.
  - Verbal threats against Team Members, Clients, or community members' safety.
  - Missed medication by Client.
  - Unauthorized absence from residential or community program (inability to locate Client after initial search).
  - Sex offenses perpetrated by or inflicted upon Client(s).
  - Alleged or suspected criminal act by employee(s) directly related to a Client(s).
  - Alleged or suspected criminal act by Client(s).
  - Alleged or suspected Client abuse (physical, emotional, financial, or neglect).
  - Physical restraints or containments (floor, wall, prone, chair, etc.).
  - Fires, floods, or other incidents involving damage to the facility (house, apartment, job site, etc.) or endangerment of Client.
  - Overdose
  - Other sentinel events
2. Team Members must verbally notify his/her supervisor, emergency pager and/or the Director/Manager within 24 hours of incident.

3. Team Members must complete the written SIR form and submit it to his/her supervisor, Case Manager, or Director/Manager as well as the QAA (for entry into the database), within 48 hours of incident.
4. Supervisory Team Members is to review and sign the completed SIR form.
5. A copy of the SIR form is then sent to:
  - Funding Agency
  - Director/Manager
  - QAA (who forward to the Chief of Operations after processing)
6. The original form is to be filed in the appropriate client's file.
7. The QAA will track SIR follow-ups and file for future reference.
8. The SIR Follow-up form is due within 60 days of incident and will be submitted to the QAA.
9. The QAA will complete a per unit quarterly and per overall organization annual summary report of all SIR per the schedule and submit to the Director/Manager and the COO.

*Some Special Incident Report forms are specific to certain funding agencies. Please check with your supervisor on which form you should use. The following is a general format for the form.*



## REGIONAL CENTER SPECIAL INCIDENT REPORT

Consumer's Name	Date of Birth	M	F	UCI Number	Date of Report		
Consumer's Address	Service Coordinator			Regional Center			
<b>TYPE OF INCIDENT (Reportable Incidents in Bold)</b>							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <p><input type="checkbox"/> <b>Suspected Abuse/Exploitation</b> (Limited to that which has occurred while under care/supervision of a vendor.) Check type:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Sexual</li> <li><input type="checkbox"/> Fiduciary</li> <li><input type="checkbox"/> Emotional/Mental</li> <li><input type="checkbox"/> Physical and/or Chemical Restraint</li> </ul> <p><input type="checkbox"/> <b>Serious Injury/Accident Which Occurs While the Consumer is Under the Care and Supervision of Any Vendor and Results in One or More of the Following</b> (Check type):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lacerations requiring sutures or staples</li> <li><input type="checkbox"/> Puncture wounds requiring medical treatment beyond first aid</li> <li><input type="checkbox"/> Fractures</li> <li><input type="checkbox"/> Dislocations</li> <li><input type="checkbox"/> Bites that break the skin and require medical treatment beyond first aid</li> <li><input type="checkbox"/> Internal bleeding</li> <li><input type="checkbox"/> Any medication errors</li> <li><input type="checkbox"/> Medication reactions that require medical treatment beyond first aid.</li> <li><input type="checkbox"/> Burns that require medical treatment beyond first aid</li> </ul> <p><input type="checkbox"/> <b>Victim of Crime</b> (Regardless of consumer's living arrangement or perpetrator.) Check type:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Personal Robbery</li> <li><input type="checkbox"/> Aggravated assault</li> <li><input type="checkbox"/> Burglary</li> <li><input type="checkbox"/> Forcible rape</li> <li><input type="checkbox"/> Larceny</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul> </td> <td style="width: 50%; vertical-align: top; border: none;"> <p><input type="checkbox"/> <b>Suspected Neglect</b> (Limited to that which has occurred while under care/supervision of a vendor.) 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Date incident reported to Regional Center and to whom		Medical Care/Treatment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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**Incident location**

- |                                                         |                                                         |                                                  |
|---------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Acute hospital—not ER          | <input type="checkbox"/> Job site                       | <input type="checkbox"/> Day program             |
| <input type="checkbox"/> Acute hospital—ER              | <input type="checkbox"/> Out of home respite            | <input type="checkbox"/> Consumer's residence    |
| <input type="checkbox"/> Day care/ Intervention program | <input type="checkbox"/> Community setting              | <input type="checkbox"/> Hospice                 |
| <input type="checkbox"/> Psychiatric treatment center   | <input type="checkbox"/> Home of family                 | <input type="checkbox"/> Jail or related setting |
| <input type="checkbox"/> SNF                            | <input type="checkbox"/> In transit                     | <input type="checkbox"/> Public school           |
| <input type="checkbox"/> Other _____                    | <input type="checkbox"/> Subacute or pediatric subacute | <input type="checkbox"/> Rehabilitation facility |

**Party/Entity responsible for consumer at time of incident**

Vendor Name: _____ Vendor Type: _____ Vendor Number: _____	Name: _____ Address: _____ City/Zip: _____ Telephone: _____
<input type="checkbox"/> Self/Spouse <input type="checkbox"/> Residential <input type="checkbox"/> Parent/Family <input type="checkbox"/> Day Program <input type="checkbox"/> Other: _____	

**Other agencies notified**

- |                                                      |                                                        |
|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Community Care Licensing    | <input type="checkbox"/> DHS Licensing & Certification |
| <input type="checkbox"/> Child Protective Services   | <input type="checkbox"/> Adult Protective Services     |
| <input type="checkbox"/> Parent/Guardian/Conservator | <input type="checkbox"/> Long-Term Care Ombudsman      |
| <input type="checkbox"/> Police/Law Enforcement      | <input type="checkbox"/> Other: _____                  |
| <input type="checkbox"/> Coroner                     | <input type="checkbox"/> Other: _____                  |

**Description of incident**

**Specific preventative action taken or planned by the vendor:**

Reporting Person's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SPECIAL INCIDENT REPORT FOLLOW-UP

1. Director/Manager or his/her designee must complete a *Special Incident Follow-Up* form for all special incidents that fall within these identified categories:
    - Injury to Client(s) or medical emergency including illness.
    - Suicide or attempted suicide.
    - An accident involving Client(s) (vehicular and other).
    - Physical aggressive acts by Client(s) against themselves, other persons, or property resulting in minor or major damage.
    - Unauthorized absence from residential or community program (inability to locate Client after initial search).
    - Sex offenses perpetrated by or inflicted upon Client(s).
    - Alleged or suspected criminal act by employee(s) directly related to a Client(s).
    - Alleged or suspected criminal act by Client(s).
    - Alleged or suspected Client abuse (physical, emotional, financial, or neglect).
    - Physical restraints or containments (floor, wall, prone, chair, etc.).
    - Fires, floods, or other incidents involving damage to the facility (house, apartment, job site, etc.) or endangerment of Client.
  
  9. The completed *Special Incident Follow-Up* form must be submitted within 60 days of the original incident.
  
  10. The QAA will track and monitor monthly the completion of Special Incident Follow-Up forms as indicated by the received SIRs to assure follow-up is completed.
  
  11. The QAA will complete a monthly report on the status of all SIRs received as well as the status of any outstanding Special Incident Follow-Up forms that have not been completed within the 60-day period.
-

**SAMPLE FORM**



**Special Incident Report Follow-Up**

This must be completed within 60-days of initial incident

Date: \_\_\_\_\_ Unit #: \_\_\_\_\_ Program #: \_\_\_\_\_  
Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_  
Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_

**Type of Incident (e.g., medication error, fall, aggressive act):**

\_\_\_\_\_  
\_\_\_\_\_

**Follow-up or plan identified on SIR:**

\_\_\_\_\_  
\_\_\_\_\_

**Follow-up taken:**

\_\_\_\_\_  
\_\_\_\_\_

**Action for improvement (i.e., any actions to be taken to avoid this situation?):**

\_\_\_\_\_  
\_\_\_\_\_

**Management plan (training/resources) for prevention of recurrence, if applicable:**

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## SAMPLE FORM



### Special Incident Report Follow-Up

This must be completed within 60-days of initial incident

Date: January 30<sup>th</sup>, 2026      Unit #: 100      Program #: 1234  
Employee Name: Donna Carer      Employee #: 0001  
Client Name: John Smith      Client #: 1234  
Date of Incident: 12/19/2026

**Type of Incident (e.g., medication error, fall, aggressive act):**

Aggressive act towards a Director and Team Members. Client threw a shoe at Team Members.

**Follow-up or plan identified on SIR:**

Identify triggers for client's aggressive behavior, refer client to anger management classes or mental health counseling for symptom management, and ensure Team Members who work with the client are certified in Crisis Prevention Intervention (CPI).

**Follow-up taken:**

Team Members helped client establish a mental health counselor who is working with him on identifying triggers for aggressive behavior and symptom management. Case Manager ensures all Team Members that work one on one with client are first trained in CPI.

**Action for improvement (i.e., any actions to be taken to avoid this situation?):**

Case Manager ensures all Team Members that work one on one with client are trained in CPI.

**Management plan (training/resources) for prevention of recurrence, if applicable:**

Case Manager met with Team Members individually to review CPI techniques. Case Manager reviewed CPI techniques at an all Team Members meeting on 1/15/17. Case Manager and Team Members will monitor progress with mental health counselor.

Employee Signature: \_\_\_\_\_

Date: 1/30/2026

Supervisor Signature: \_\_\_\_\_

Date: 1/30/2026