ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities ● Employment Support and Services

CENTER BASED EMPLOYMENT - QUALITY ASSURANCE REVIEW

QUALIFIED VENDOR NAME: _____

CONTACT PERSON NAME: _____ QUALIFIED VENDOR PHONE NUMBER: _____

QUALIFIED VENDOR MAILING ADDRESS: *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

CBE PHYSICAL SITE ADDRESS: *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

QUALIFIED VENDOR E-MAIL ADDRESS: _____

DDD REVIEWER NAME: _____

DATE OF REVIEW: _____ REVIEWER PHONE NUMBER: _____

DIRECT LINE STAFF INTERVIEW

INTERVIEWEE'S NAME *(Print)* _____ INTERVIEWEE'S TITLE _____

DATE OF HIRE / TIME AT PROGRAM _____ DATE OF INTERVIEW _____

HOW DO YOU KNOW THE EMPLOYMENT OUTCOMES/ OBJECTIVES OF THE MEMBERS YOU SERVE?

HOW DO YOU HELP THE MEMBERS REACH THOSE OUTCOMES/OBJECTIVES?

HOW DO YOU MEASURE AND RECORD PROGRESS TOWARDS THESE OUTCOMES AND OBJECTIVES?

WHAT TRAINING DID YOU RECEIVE IN DEVELOPING AND TEACHING EMPLOYMENT-RELATED ACTIVITIES? (e.g. Hygiene, punctuality, time on task, co-worker relations). WHAT ADDITIONAL TRAINING WOULD BE HELPFUL?

WHAT ADDITIONAL EMPLOYMENT SERVICES DOES YOUR AGENCY PROVIDE? Please describe the differences between them.

MANAGEMENT LEVEL INTERVIEW

INTERVIEWEE'S NAME *(Print)* _____ INTERVIEWEE'S TITLE _____

DATE OF HIRE / TIME AT PROGRAM _____ DATE OF INTERVIEW _____

WHAT PAID WORK IS AVAILABLE TO MEMBERS?

HOW DO YOU HELP THE MEMBER REACH THEIR OUTCOMES/OBJECTIVES?

HOW IS INDIVIDUAL MEMBER PRODUCTIVITY ASSESSED AND RECORDED?

WHAT ALTERNATIVE ACTIVITIES ARE PROVIDED WHEN PAID WORK IS NOT AVAILABLE?

HOW ARE MEMBERS GIVEN AN OPPORTUNITY TO PARTICIPATE IN DIFFERENT TYPES OF WORK, INCLUD-ING INTEGRATED WORK ENVIRONMENTS? (i.e. community integrated experience, visits to local businesses, guest speakers, attendance at job fairs)

WHAT NEW CONTRACTS HAVE BEEN DEVELOPED SINCE THE LAST MONITORING VISIT?

WHAT DO YOU SEE AS YOUR PROGRAM'S STRENGTHS?

WHAT DO YOU SEE AS YOUR PROGRAM'S CHALLENGES?

WHAT MIGHT THE DIVISION DO TO HELP YOU ADDRESS THOSE CHALLENGES?

HOW DO YOU TRACK SUBMITTAL OF REPORTS (6 months and quarterly)?

BASED ON THE AGENCY'S MOST RECENT COMPREHENSIVE AGGREGATE PROGRAM STATUS REPORT (the 6 month report)	
WHAT PERCENTAGE OF TIME ARE MEMBERS ENGAGED IN PAID WORK?	
WHAT PERCENTAGE OF MEMBERS WERE IDENTIFIED FOR PROGRESSIVE MOVES TO COMMUNITY INTEGRATED EMPLOYMENT (i.e. group supported employment or individual supported employment)?	

MEMBER PROGRESS TOWARD ACHIEVEMENT OF OUTCOMES	
ARE INDIVIDUAL MEMBER PRODUCTIVITY RECORDS COMPLETED?	
DO INDIVIDUAL MEMBER ISP OUTCOMES MATCH THE OUTCOMES IN THE QUARTERLY PROGRESS REPORTS?	
DO OUTCOME ADDRESS THE MEMBER'S BARRIER(S) TO ACHIEVING A PROGRESSIVE EMPLOYMENT MOVE?	
DO TEACHING STRATEGIES ADDRESS RESOLUTION OF BARRIERS TO ACHIEVE A PROGRESSIVE EMPLOYMENT MOVE?	
IS INDIVIDUAL PROGRESS TOWARD OUTCOMES DOCUMENTED?	
IS THERE A TIME STUDY DOCUMENTED EVERY SIX MONTHS?	

MEMBER FILES REVIEW

MEMBER'S NAME *(Print)* _____ DATE OF FILE REVIEW _____

	YES	NO	N / A	COMMENTS
Are monthly progress reports completed?				
Are individual production records completed?				
Is there a current Individual Support Plan and an employment outcome/objective?				
Do individual Member ISP outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

MEMBER FILES REVIEW

MEMBER'S NAME *(Print)* _____ DATE OF FILE REVIEW _____

	YES	NO	N / A	COMMENTS
Are monthly progress reports completed?				
Are individual production records completed?				
Is there a current Individual Support Plan and an employment outcome/objective?				
Do individual Member ISP outcomes match the outcomes in the quarterly progress reports?				
Are there progress notes?				
Is there a medical emergency contact on file?				

WORKSITE OBSERVATION

SITE NAME _____ SITE LOCATION _____

DESCRIBE THE PAID WORK THE MEMBERS WERE PERFORMING.

DESCRIBE THE ALTERNATIVE ACTIVITIES MEMBERS WERE PERFORMING.

WHAT WAS DIRECT SUPPORT STAFF DOING DURING THE VISIT?

WHAT WAS THE STAFF TO MEMBER RATIO DURING THE VISIT?

POSITIVE OBSERVATIONS:
Staff/member interactions:
Physical site:
Other:

CONCERNS:

Routing: Original - Employment Program Specialist, Copy - District File