

South Carolina Department of Behavioral Health and Developmental Disabilities

Office of Intellectual and Developmental Disabilities

Day Services On-site Review Tool- July 2026 through June 2027

Observations and other discovery methods such as interactions with participants and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirements were "Met" or "Not Met." Each section below should be reviewed with people who receive services and their staff. Reviewers should be as specific as possible but adjust their language as necessary to ensure the service recipients and staff understand the questions.

Scoring: Questions in bold type are 4 points each. Other questions receive 2 points each. Maximum score= 100
 When multiple participants are interviewed in one setting, their responses will be averaged.

Name of Location: _____ **Date and Time of Review:** _____

Time Spent On-site for Review: _____ **Reviewer:** _____

Services Provided On-site: ___ Group Employment ___ Career Prep ___ Day Activity ___ Community Services ___ Support Center

Names of People Supported On-site in the Day Services Setting that were Interviewed/Observed during the Review:

Names of Staff Interviewed During the On-site Review:

Services are provided in a manner that promotes dignity and respect.

	Met	Not Met
1. Staff interactions with people supported are positive and encouraging.	<input type="checkbox"/>	<input type="checkbox"/>
2. People are engaged in age-appropriate activities.	<input type="checkbox"/>	<input type="checkbox"/>
3. Participants and staff address each other in age appropriate and socially acceptable ways. (Staff are not Mr. or Ms. X while participants are called only by first names).	<input type="checkbox"/>	<input type="checkbox"/>
4. People receive personal care/assistance in private (including medication administration).	<input type="checkbox"/>	<input type="checkbox"/>
5. People know how to make a complaint, if needed.	<input type="checkbox"/>	<input type="checkbox"/>

Services are provided in a setting that promotes health, safety, and well-being.

	Met	Not Met
6. Staff can describe medical conditions/health risks as outlined in the support plan (self-injurious behavior, seizure activity, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Staff can describe their responsibilities in emergency situations.	<input type="checkbox"/>	<input type="checkbox"/>

Services are provided in a manner that promotes individual choice and responsibility.

	Met	Not Met
8. Staff can describe how they offer choices in services/supports.	<input type="checkbox"/>	<input type="checkbox"/>
9. Services are provided in the least intrusive manner at the level and frequency needed to optimize independence.	<input type="checkbox"/>	<input type="checkbox"/>
10. Participants are encouraged to exercise responsibility in making choices and selecting activities.	<input type="checkbox"/>	<input type="checkbox"/>
11. Participants can choose with whom they do activities.	<input type="checkbox"/>	<input type="checkbox"/>
12. Participants are not confined to one room all day.	<input type="checkbox"/>	<input type="checkbox"/>

Services are provided in a manner that promotes relationships and community connections.

	Met	Not Met
13. Staff are not congregated together and/or apart from participants.	<input type="checkbox"/>	<input type="checkbox"/>
14. Participants are appropriately interacting with each other.	<input type="checkbox"/>	<input type="checkbox"/>
15. Participants have opportunities to do activities in the community with people without disabilities (and are not paid staff).	<input type="checkbox"/>	<input type="checkbox"/>
16. Activities are planned based on participants' (collective) goals in their service plans.	<input type="checkbox"/>	<input type="checkbox"/>

Services are provided in a manner that promotes personal growth and accomplishments.

	Met	Not Met
17. Staff can describe how they support people in achieving their goals.	<input type="checkbox"/>	<input type="checkbox"/>
18. Participants are engaged in the activities.	<input type="checkbox"/>	<input type="checkbox"/>
19. Participants indicate they enjoy their training/activities.	<input type="checkbox"/>	<input type="checkbox"/>

20. Participants indicate they have gained a skill or accomplished a personal goal.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Services are person-centered.		
21. Participants indicate they choose who is invited to their Plan meetings.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
22. Participants know and/or participate in the development of their goals.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
23. Participants are able to change their goals and/or training/activities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
24. Participants receive supports, as needed, and in accordance with their preferences as detailed in their support plan.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
25. Training/activities are strength-based and results-oriented and reflect participants' interests and preferences, and choices.		
26. Staff are knowledgeable about participants' needs, interests, preferences, and strengths and these are reflected in their personal goals.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Services are responsive, and staff demonstrate engagement and commitment to quality training/activities.		
27. Not all participants are doing the same activities at the same time.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
28. There is a variety of choices of training/activities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
29. Communication methods exist for people that do not use words to communicate.		
30. There is no simulated or "practice" work that is done over and over.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
31. Staff state the training they receive is helpful in performing their work.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
32. Participants' report their needs are addressed in a timely manner.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Services promote Community Inclusion.		
33. Calendars are available which provide opportunities for participants to interact with non-disabled, non-paid staff in the community.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
34. Staff can describe recent opportunities for participants to engage in community-based activities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
35. Participants indicate their choices regarding volunteer work or other recent community-based activities.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
36. Information on available public transportation is posted in a convenient location.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Staff know and implement the procedures for reporting allegations of ABUSE and people are supported to know what abuse is and how to report.		
37. Staff can describe the procedures for reporting allegations of abuse, neglect, and exploitation.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
38. Staff received training on the implementation of Behavior Support Plans.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
39. Staff received training regarding the use of crisis prevention/physical redirection techniques and restraints.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
40. People can describe what abuse is and how to report.	Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
Referral to SCBHDD-OIDD For Follow-up		
Follow-up related to Abuse/Neglect/Exploitation Referral to DSS Report initiated to DSS for allegation of ANE. Date and Time of Report to DSS: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Follow-up Needed due to Medical Concerns Report initiated SCBHDD-OIDD: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Follow-up Needed due to environmental Safety Concerns Report initiated SCBHDD-OIDD: _____ Notification to Provider Management Staff: Name/Date/Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reviewer must Notify SCBHDD-OIDD Quality Management within 24 hours if the aggregate results of this review require additional follow-up. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported. The telephone number to report allegations of ANE to SLED is 1-866-200-6066. The telephone number for DSS Adult Protective Services is 1-888-CARE4US.		