FY18 DDQR-5000

Illinois Department of Human Services
Division of Developmental Disabilities

QIDP STAFF RECORD REVIEW

Agency Name:_____Dates of Review:_____ Reviewed by:_____

	E____	E____	E____	E____	E____	E____	E____	E____
Date Of Hire								
Is the QIDP listed on the DDD database as of the first date of the review? Does the DDD list indicate a date that training was completed?(If not, list training completion date here)	Yes___ No___ Date _____	Yes____ No____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____
Has the QIDP completed a DHS approved QIDP training program (Minimum of 40 hours)?	Yes____ No____	Yes____ No____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____
Was the QIDP training completed within 120 days of initiation of the training?	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____
Was the QIDP training completed within 6 months of hire/starting to work as a QIDP?	Yes____ No____	Yes____ No____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____

Is there evidence that the QIDP has completed continuing education during the prior or current fiscal year? (Mark as N/A if the QIDP was hired during the last fiscal year) Do Not give credit for routine refresher training that is required (Rule 50, CPR-First Aid, etc.) 6 hours of continuing ed must be with trainers not directly affiliated with the employing agency	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____	Yes____ No ____