

Division of Developmental Disabilities - Illinois Department of Human Services - Bureau of Quality Management
Daily Status Report

Date:

Time in:

Time out:

Agency or site of activity:

Activity of the day: Conduct training Conduct review Provide technical assistance

Type of training: DSP CC HRC RDC QIDP CC Other

Type of review: Waiver Sample Focus Follow-up Other

Programs: CILA/CLF CDS/SEP CRW Service Facilitation ISC Other

BQM Staff/Agency/Provider participation:

BQM Staff Name:	Title:
Agency/Provider representative:	Title:

Summary of Daily Activities (initials of staff):

Provided training: Administrative duties

Staff record reviews: Staff interviews

Participant record reviews: Guardian interviews:

Participant interviews (including NCI):

Sites Visited:	Staff initials:
CILA	
CILA	
CILA	
CDS	
CDS	
Other	

Documents or Materials needed for review but not located:

Reviewer:	Documents or information needed

QR0010

Distribution: Original in review folder
Provider Executive Director/Designee
BQM Supervisor via fax 217 782 9444

01/13/20

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Deadline for provision of Document and Material for consideration in final report:

Date:

Time:

Notes/Comments:

Submitted by:

Date:

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01/13/20