

# Day Program File Audit

Person Supported: \_\_\_\_\_ Day Option: \_\_\_\_\_

Date: \_\_\_\_\_ Audit Completed By: \_\_\_\_\_

| Personal Data Article                       | Present (yes/no) |  | Comments |
|---------------------------------------------|------------------|--|----------|
| Data Sheet (updated annually) (CR19)        |                  |  |          |
| Photo – current                             |                  |  |          |
| Mechanical Supports Required                |                  |  |          |
| Support Protocols                           |                  |  |          |
| Personal Profile for Risk Prevention (SA18) |                  |  |          |

| Personal Support                                           | Present (yes/no) |  | Comments |
|------------------------------------------------------------|------------------|--|----------|
| Orientation to Service Checklist (CR41)                    |                  |  |          |
| Current ISP                                                |                  |  |          |
| Current Goal Review Forms                                  |                  |  |          |
| Behaviour Support Plan (CR06)                              |                  |  |          |
| Consent to Disclosure/Release of Information Signed (CR26) |                  |  |          |
| Week at a Glance (if applicable)                           |                  |  |          |

| Medical Information                                | Present (yes/no) |  | Comments |
|----------------------------------------------------|------------------|--|----------|
| Accident/Injury Report (IN01)                      |                  |  |          |
| Behaviour Reports (CR03)                           |                  |  |          |
| Physical Restraint Reports (CR20)                  |                  |  |          |
| Assessments/Consultations                          |                  |  |          |
| Medication Administration Records - previous month |                  |  |          |
| Medication Transfer Form                           |                  |  |          |

| Financial Articles                | Present (yes/no) |  | Comments |
|-----------------------------------|------------------|--|----------|
| Financial Ledger – previous month |                  |  |          |

| Observation Notes                                     | Present (yes/no) |  | Comments |
|-------------------------------------------------------|------------------|--|----------|
| Current Month in Binder<br>Current Year Filed on Site |                  |  |          |

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|                       |  |  |  |
|-----------------------|--|--|--|
| Neat and Professional |  |  |  |
| Comments:             |  |  |  |
|                       |  |  |  |
|                       |  |  |  |

| Other Feedback Articles                                                      | Present (yes/no) |  | Comments |
|------------------------------------------------------------------------------|------------------|--|----------|
| Binder in good condition                                                     |                  |  |          |
| Dividers in good condition, labelled according to table of contents          |                  |  |          |
| Binder neat and tidy                                                         |                  |  |          |
| Information archived: Resident records retained for 7 years after last entry |                  |  |          |
| General comments:                                                            |                  |  |          |
|                                                                              |                  |  |          |
|                                                                              |                  |  |          |